

Case Number:	CM14-0154224		
Date Assigned:	09/23/2014	Date of Injury:	03/03/2014
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 23-year-old female who reported an injury on 03/03/2014 due to a fall while at work by injuring her knee. The patient complained of left knee pain. The injured worker was diagnosed with left knee joint pain. The medications included ibuprofen, tramadol, diazepam, and acetaminophen. No VAS provided. Past treatment included physical therapy 7 visits, medication, and crutches. The physical examination dated 08/04/2014 of the left knee revealed clicking to the bilateral knees and patellar grind at the tibia that extended to the knee. The injured worker had a painful McMurray's test to the left knee and Lachman's tech, drawer's test, varus/valgus stress test were all within normal limits. The injured worker had a body mass index of 36 kg/m² with a height of 68 inches. The treatment plan included medications. The Request for Authorization dated 09/23/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Ibuprofen 800mg is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker has been prescribed Ibuprofen since at least 05/2014; therefore, continued use of the medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request did not address the frequency or the duration. As such, the request is not medically necessary.

Acetaminophen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

Decision rationale: The request for Acetaminophen 800mg is not medically necessary. The California MTUS recommend acetaminophen as an initial treatment for mild to moderate osteoarthritis pain, in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors treatment of chronic pain and acute exacerbations of chronic pain. Both acetaminophen and NSAIDs have been recommended as firstline therapy for low back pain. If pain is inadequately treated or there is evidence of inflammation, alternate pharmacologic treatment should be considered. The injured worker has been prescribed acetaminophen since at least 03/2014. The clinical notes did not indicate the efficacy of the acetaminophen with a measureable functional improvements. The request did not indicate the frequency or the duration. As such, the request is not medically necessary.

Bontril PDM 35mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com, Bontril, Online database.

Decision rationale: The request for Bontril PDM 35mg #90 is not medically necessary. Drugs.com states Bontril is a sympathomimetic amine, which is similar to an amphetamine. It is also known as an "anorectic" or "anorexigenic" drug. Bontril stimulates the central nervous system (nerves and brain), which increases patient's heart rate and blood pressure and decreases

patient's appetite. Bontril is used as a short-term supplement to diet and exercise in the treatment of obesity. The clinical notes indicated that the injured worker had a BMI of 36 and height of 68 inches which indicates the injured worker is obese. The clinical notes did not indicate that the injured worker has tried diet and exercise alone to reduce her weight without improvement prior to the request for medication to assist in weight loss. The request did not indicate a frequency. As such, the request is not medically necessary.