

Case Number:	CM14-0157925		
Date Assigned:	10/02/2014	Date of Injury:	07/23/2011
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 25-year-old female who reported an injury on 07/23/2011. The mechanism of injury was not submitted for this review. The injured worker's prior treatment history included knee surgery, medications, physical therapy, and MRI studies. The injured worker was evaluated on 08/28/2014 and it was documented the injured worker had left knee surgery in 03/2014. She underwent physical therapy and finished her last session on 08/27/2014. The provider noted the injured worker was doing well on all her medications. Right knee pain was causing more problems than the left knee. She stated that her pain was 7/10 and medications bring her pain down to 3/10 or 4/10. The injured worker stated colder weather increases her pain and also when she stands straight, if the knee hyperextends just a little bit she had increased pain that spikes up to 10/10 in intensity so she was careful with that left knee extension. The injured worker had a brace that she uses at times on the left knee. Objective findings; included left knee had good range of motion. She can go from about 5 degrees all the way to 130 degrees or 140 degrees. Upon examination of the right knee, she had tenderness at the medial joint line and at the inside of the patella. She had crepitus with flexion, extension of the patella. She had a positive McMurray's on the right. Medications included Norco 10/325 mg, Prozac 20 mg, Omeprazole 20 mg, Wellbutrin 150 mg, and Relafen 750 mg. Diagnoses included left knee status post meniscus repair, arthroscopy with debridement and bone grafting, chronic right knee pain. The Request for Authorization as not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Relafen 750 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

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

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Relafen is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. According to the Guidelines, Relafen is used as a second line treatment after acetaminophen is tried as a first line treatment. The provider failed to indicate the injured worker have failed first-line of acetaminophen. The request that was submitted for review failed to include duration and frequency of medication. As such, the request for retrospective Relafen 750 mg #60 is not medically necessary.