

Case Number:	CM14-0028513		
Date Assigned:	06/16/2014	Date of Injury:	09/04/2013
Decision Date:	08/12/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 31-year-old male who reported an injury on 09/04/2013. The mechanism of injury was not provided. On 05/27/2014, the injured worker presented with complaints related to the left knee. On examination, the injured worker was wearing a brace, has 30 degrees of flexion and uses crutches. There was marked tenderness over the left knee to the medial and lateral joint facet. There was moderate patellofemoral laxity and range of motion was nearly full. Diagnoses were dislocated left knee patella and status post open patellar realignment. The treatment included medication and physical therapy, the provider recommended Theraprogen 800 mg. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPROFEN 800 (QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70..

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis and injured workers with acute exacerbation of chronic low back pain. It is recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular, those with gastrointestinal cardiovascular or renal vascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The included documentation lacked evidence on if Theraprogen is a new or continued medication, the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency or the quantity or dose of the request as submitted. As such, the request for Theraprogen 800 (quantity unknown) is not medically necessary and appropriate.