

Case Number:	CM14-0055062		
Date Assigned:	07/16/2014	Date of Injury:	12/14/2010
Decision Date:	10/30/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury of 12/14/10. The mechanism of injury is not described in the medical records provided. She does have ongoing complaint of left knee pain, status post arthroscopic left knee surgery on 11/20/13. Her left knee condition was complicated by infection requiring IV antibiotics. Additional treatment has included medications and physical therapy, as well as a home exercise program. She also has had a corticosteroid injection. The primary treating physician has requested Motrin and Mobic with no specific dose, frequency and duration provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin: 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 Page(s): 67, 68 and 72.

Decision rationale: Motrin (ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). The MTUS states that non-steroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDS

are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. For mild to moderate pain at a dose of 400 mg by mouth every 4-6 hours as needed is recommended. For osteoarthritis doses of 1200 mg to 3200 mg daily may be used. Doses should not exceed 3200 mg per day. The medical records note only that Motrin has been requested without a specific dose, frequency or duration. Since the MTUS does address specific maximum doses and use for the shortest duration possible, the request for Motrin is not medically necessary.

Mobic: 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 Page(s): 67, 68 and 72.

Decision rationale: Mobic (meloxicam) is a non-steroidal anti-inflammatory drug (NSAID). The MTUS states that non-steroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. The MTUS does state that Mobic is recommended for osteoarthritis with a maximum dose of 15 mg per day. The medical records note only that Mobic has been requested without a specific dose, frequency or duration. Since the MTUS does address specific maximum doses and use for the shortest duration possible, the request for Mobic is not medically necessary.