

Case Number:	CM14-0085068		
Date Assigned:	07/23/2014	Date of Injury:	11/10/2008
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 66 year old female injured on 11/10/08 due to an undisclosed mechanism of injury. Diagnoses include right knee arthroscopy. Postoperative magnetic resonance arthrogram revealed degenerative joint disease, osteophyte complex in the medial compartment with meniscal tearing of the medial posterior horn. Clinical note dated 05/15/14 indicates the injured worker presented complaining of right knee pain, swelling and popping sensation. The injured worker reported difficulty walking, prolonged standing, kneeling, and squatting. The injured worker reported intermittent use of ibuprofen and Norco with 50% functional improvement with the use of medications. The injured worker rated pain at 8/10. Physical examination of the right knee reveals peripatellar swelling, decreased range of motion, patellar compression was painful, exquisite tenderness over the infrapatellar tendon to palpation and medial condyle of the knee joint, mild crepitus on passive range of flexion to extension of the knee. Prescription for ibuprofen 800mg three times a day as needed and Norco 10/325mg twice a day as needed limit 2 per day provided. The initial request for ibuprofen 800mg #90 and Norco 10/325mg #60 was initially denied on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Ibuprofen Page(s): 22,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for ibuprofen 800 mg #90 is not medically necessary and appropriate.

Norco 10/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81, 90-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Norco 10/325mg #60 is medically necessary and appropriate.