

Case Number:	CM14-0085223		
Date Assigned:	08/29/2014	Date of Injury:	01/16/2014
Decision Date:	10/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/07/2014

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 Internal 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 61 year old female who sustained an injury on 01/16/14 when he was involved in a motor vehicle accident that resulted in a left knee injury. The injured worker initially utilized a knee immobilizer and crutches. Medications did include the use of Percocet. The report on 04/30/14 noted ongoing complaints of left knee pain. The injured worker's physical exam findings were pertinent for tenderness to palpation with a positive McMurray's sign and Apley's. There were recommendations to continue with medications; however, no specifics were provided on the handwritten report. Follow up on 05/28/14 noted changed findings in the left knee. The requested unspecified medications were denied on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request is not specified in terms of the exact medication being requested, the dose, quantity, frequency, or duration. Given this unspecific request, this reviewer would not have recommended the request as medically necessary.

Stomach protectant medications (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: The request is not specified in terms of the exact medication being requested, the dose, quantity, frequency, or duration. Given this unspecific request, this reviewer would not have recommended the request as medically necessary.

Anti-inflammatory (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

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

Decision rationale: The request is not specified in terms of the exact medication being requested, the dose, quantity, frequency, or duration. Given this unspecific request, this reviewer would not have recommended the request as medically necessary.