

Case Number:	CM14-0091246		
Date Assigned:	07/25/2014	Date of Injury:	09/24/2012
Decision Date:	11/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 53 year old male with a date of injury on 9/24/2012. The injured worker has chronic back pain and knee pain. There is a 4/14 note indicating ongoing back and knee pain. The injured worker does state that medications help. However, once they wear off his pain returns. The injured worker had a knee arthroscopy from 3/13 with residual pain and discomfort. The 4/14 note indicates the injured worker had knee pain and back pain, with radiation of pain superiorly and inferiorly. On exam, there was diffuse tenderness to the paraspinal muscles and the facets. There was restriction in range of motion. In the knee, there was positive McMurray's on the left with joint line pain. Multiple medications were requested, including Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, 1 twice a day, # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.Back Pain. Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antinflammatory agents (NSAIDs) Page(s): 111.

Decision rationale: The use of the non-steroidal anti-inflammatory medication Motrin is appropriate and acceptable. This class of drugs, judiciously employed, is one of the mainstays of

treatment of musculoskeletal injuries. The injured worker notes benefit with the medication, although unfortunately short-lived. There is no indication of gastrointestinal problems or liver or kidney issues. The medication may be continued therefore the requested Motrin 800mg, 1 twice a day, # 60 is medically necessary. The previous denial stated that the injured worker did not have benefit with the use of this drug when in fact he did.