

Case Number:	CM14-0092550		
Date Assigned:	07/25/2014	Date of Injury:	01/31/2012
Decision Date:	09/12/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 33-year-old female who reported an injury 01/31/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 07/11/2014, indicated the injured worker had pain to the right knee. The injured worker reported a fall 01/31/2013. The injured worker reported pain on a constant basis at night and during the day. The injured worker reported her right knee locked on her and gave way on her on occasion, going up and down stairs bothered her and she also had pain with activities of daily living, such as squatting, bending or rotational activities. On physical examination, the injured worker had swelling about the right knee. The injured worker had 3+ crepitus, grinding, pain about the patellofemoral region and pain with extension. The injured worker's treatment plan included continue with conservative measures and anti-inflammatory medication, consider injections. The injured worker's prior treatments included diagnostic imaging, surgery and physical therapy. The injured worker's medication regimen included Norco, Cymbalta and Motrin. The provider submitted a request for Motrin and Cymbalta. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mortin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroid anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recognize Motrin as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is lack of quantified pain assessment done by the injured worker. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Additionally, the request did not indicate a frequency. Therefore, the request for Motrin is not medically necessary and appropriate.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is lack of quantified pain assessment done by the injured worker. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Additionally, the request did not indicate a frequency. Therefore, the request for Cymbalta is not medically necessary and appropriate.