

Case Number:	CM14-0130427		
Date Assigned:	09/16/2014	Date of Injury:	04/29/2013
Decision Date:	01/29/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Practice 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:

This is a 49-year-old male who sustained an injury on 04/29/2013. He sustained the injury when he tripped on a guard chain sustaining a fall landing on the front side of the body with the right arm outstretched subsequently causing injury to multiple body parts. The diagnoses include internal derangement of the left knee, musculoligamentous strain of the lumbar spine, ganglionic cyst, rule out tear of the triangular fibro cartilage complex ligament, right wrist sprain/strain, status post left knee arthroscopic surgery and osteoarthritis of the lunate and distal ulnar joint. Per the doctor's note dated 07/30/2014, he had complaints of pain to the right knee and right wrist especially over the distal radial ulnar joint. Physical examination revealed left knee-generalized tenderness throughout the knee with a range of motion of five degrees of full extension and 120 degrees of flexion, right wrist- swelling and significant tenderness to the right wrist over the distal radio-ulna joint, along with a plus one laxity over the distal ulna, significant tenderness over the lunate, decreased range of motion for supination, pronation, flexion, and extension secondary to pain at the right wrist. The medications list includes Motrin, Tramadol, and Acetaminophen with Codeine, Flexeril, and Naproxen. He has had magnetic resonance imaging of the knee on 12/12/2013 which revealed a tear of the posterior horn of the lateral meniscus; magnetic resonance imaging of the right wrist dated 01/14/2004 which revealed an abnormal appearance of the lunate and possible arthritis, and magnetic resonance imaging results of the left wrist which was remarkable for arthritic changes. He has undergone arthroscopic surgery to the left knee on 7/8/2014. He has had post-operative physical therapy visits, cortisone injections, acupuncture visits, home exercise program, a right arm sling and ice packs for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs Page(s): 22; 67.

Decision rationale: Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had knee pain and right wrist pain. The physical examination of the knee and wrist revealed significant abnormal findings. The MRI of the knee and wrist also revealed significant abnormal findings. The symptoms correlate with significant objective abnormalities. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 800mg #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.