

<b>Case Number:</b>	CM15-0100941		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 56-year-old male patient, who sustained an industrial injury on September 24, 2003. The diagnoses include right knee arthroscopy, lumbar facet arthropathy and stenosis, cervical spasm, chronic intractable pain and right knee degenerative joint disease (DJD). Per the progress note dated May 4, 2015, he had complains of neck, right elbow, low back and right knee pain all rated 6-7/10 without medication and 5/10 with medication. Physical exam revealed well healed surgical right knee scar with tenderness of the knee on palpation and decreased range of motion (ROM). The current medications list includes Norco, Prilosec, ibuprofen and restoril. He has had right knee MRI dated 4/9/2015 which revealed severe degenerative arthritis and marked chondromalacia of medial and lateral femoral and tibial condyles. He has undergone right knee arthroscopic surgery. The plan includes orthopedic consult, lab work, Norco, Motrin, Prilosec, Restoril and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Motrin 800mg #90. 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 complains of neck, right elbow, low back and right knee pain all rated 6-7/10 without medication and 5/10 with medication. Physical exam revealed well healed surgical right knee scar with tenderness of the knee on palpation and decreased range of motion (ROM). Patient had right knee MRI with significant abnormal findings. He has history of right knee surgery. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 800mg #90 is medically necessary and appropriate for this patient to use as prn to manage his chronic pain.

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43.

**Decision rationale:** Urine Drug Screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs."The patient's medication list includes Norco, ibuprofen, restoril and Prilosec. Norco is an opioid and restoril is a controlled substance. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain .It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request of Urine Drug Screen is medically appropriate and necessary for this patient at this juncture.