

Case Number:	CM15-0143854		
Date Assigned:	08/04/2015	Date of Injury:	08/25/2004
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/24/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 53-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 25, 2004. In a Utilization Review report dated July 8, 2015, the claims administrator approved a viscosupplementation injection, approved Norco, and failed to approve Motrin. A June 26, 2015 RFA form and an associated progress note of June 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said June 19, 2015 progress note, the applicant reported ongoing complaints of knee pain reportedly imputed to knee arthritis. Viscosupplementation injection therapy was sought. The claimant was given a corticosteroid injection in the clinic. Norco and Motrin were prescribed. The applicant had retired, it was reported. It was not stated whether the requests for Norco and Motrin represented renewal requests or first-time requests. No seeming discussion of medication efficacy transpired. On January 16, 2015, the applicant reported heightened complaints of knee pain. The applicant was asked to employ a cane while remaining off of work, on total temporary disability. Once again, medication selection and medication efficacy were not discussed or detailed. On March 13, 2015, the applicant was described as having persistent complaints of knee pain, aggravated by weight bearing. The applicant was asked to follow up in three months. Medication selection and medication efficacy were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil [otc], generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 72; 7.

Decision rationale: No, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that ibuprofen (Motrin), an anti-inflammatory medication, is indicated in the treatment of osteoarthritis, as was present here in the form of the applicant's knee osteoarthritis. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's progress note of June 19, 2015 was thinly developed, sparse, and did not clearly state whether or not ongoing usage of Motrin had or had not proven effective. It was not clearly stated whether the request was a first-time request or a renewal request. The applicant's complete medication list was not detailed or recounted on office visits of June 19, 2015, March 13, 2015, or January 16, 2015. Therefore, the request was not medically necessary.