

Case Number:	CM15-0189798		
Date Assigned:	10/01/2015	Date of Injury:	06/25/2002
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/26/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male who sustained an industrial injury on 06-25-2002. According to a progress report dated 07-31-2015, the injured worker continued to have bilateral knee pain and was "stable on current dose of medication". He was able to accomplish all his activities of daily living and work full time at his regular job. He denied side effects and did not exhibit any aberrant behavior. Pain intensity with medication was rated 6 on a scale of 1-10. The injured worker was able to cook, do laundry, garden, shop, bathe, dress, manage medications, drive and brush teeth. The provider noted that current medications included Motrin and Norco. Physical examination of the lumbar spine demonstrated tenderness over midline and paraspinal areas, painful lumbar extension and flexion. Examination of the left lower extremity demonstrated joint tenderness, crepitus, decreased flexion and extension and pain with flexion. Diagnoses included knee pain joint pain leg and pain foot, leg and finger. Prescriptions included Motrin 800 mg 1 tablet by mouth three times a day 30 days with 3 refills for a total of 90 and Norco 10-325 mg 1-2 tablets by mouth every 4 hours not to exceed 8 a day for 30 days for a total of 240. Work status included regular work. An authorization request dated 08-18-2015 was submitted for review. The requested services included Motrin 800 mg 1 tablet by mouth three times a day 30 days with 3 refills for a total of 90 (start on 07-31-2015 end on 11-27-2015) and Norco 10-325 mg 1-2 tablets by mouth every 4 hours not to exceed 8 a day for 30 days for a total of 240 (start on 07-31-2015 end on 08-29-2015). On 08-26-2015, Utilization Review modified the request for Motrin 800 mg #90 with 3 refills and authorized the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the bilateral knees. The current request is for Motrin 800mg #90 with 3 refills. The treating physician report dated 7/31/15 (111B) provides no rationale for the current request. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided do not show the patient has taken Motrin previously. In this case, while a trial of Motrin would be reasonable and medically necessary, the current request for 3 refills without documentation of functional improvement is excessive and not supported by the MTUS guidelines. The current request is not medically necessary.