

Case Number:	CM15-0194406		
Date Assigned:	10/08/2015	Date of Injury:	04/16/2004
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male who sustained an industrial injury April 16, 2004. Diagnoses are multilevel herniated nucleus pulposus, lumbar spine, with stenosis; right medial meniscal tear; status post left knee arthroscopy; left knee medial compartment arthropathy, with probable meniscal tear. According to a primary treating physician's progress report dated June 9, 2015, the injured worker presented for orthopedic re-evaluation. He complains of right knee pain exacerbated by the cold weather with noted improvement following a cortisone injection on his previous visit (04-07-2015). He recently had an acute exacerbation of back pain with radiation to the legs. He saw his primary care physician and noted improvement with Motrin (since January 20, 2015 in the medical records made available). Objective findings included; lumbar spine- tenderness of the lower paravertebral musculature, forward flexion 45 degrees, extension 10 degrees, lateral bending 30 degrees, negative seated straight leg raise bilaterally; right knee-tenderness along the medial joint line and pain with deep flexion; left knee-tenderness along the medial joint line and subpatellar crepitation with range of motion and deep flexion. At issue, is the request for authorization dated June 12, 2015, for Motrin 800mg #60 (5 refills). According to utilization review dated September 3, 2015, the request for re-evaluation 09-08-2015 is certified. The request for Motrin 800mg #60 (5 refills) was modified to Motrin 800mg #60 (2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 (5 refills): Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 2004 and continues to be treated for bilateral knee and low back pain. In January, he had discontinued use of Tramadol and was continuing to take Motrin. When seen, he had ongoing complaints of pain. He was having increased right knee pain with inflammation. Physical examination findings included a minimal right knee effusion. There was joint line tenderness and McMurray's testing was positive. Motrin was refilled for six months. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain as well as acute right knee pain with inflammation. Motrin was medically necessary.