Case Number:	CM15-0203413		
Date Assigned:	10/21/2015	Date of Injury:	04/02/2004
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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:

The injured worker is a 58 year old male, who sustained an industrial injury on 4-02-2004. The injured worker was diagnosed as having sprains and strains of unspecified site of knee and leg. Treatment to date has included diagnostics, bilateral knee surgeries (1992 and 2005), physical therapy, acupuncture, and medications. On 8-31-2015, the injured worker complains of right knee pain with giving way and increased swelling, rated 4-6 out of 10 (unchanged from 7- 23-2015), and left knee pain and giving way, rated 6-7 out of 10 (rated 6-8 out of 10 on 7-23-2015). Functional change since last exam was noted as "worse" due to "pain", noting unchanged walking and sitting tolerance. Medication use included Naproxen, with plan to discontinue, and start Motrin. The use of non-steroidal anti-inflammatory drugs was noted since at least 12- 2014. Physical exam noted difficulty with rising from sitting, erect posture, an antalgic gait, and protective movement with stiffness. Tenderness was noted at the bilateral medial joint lines, along with ecchymosis-edema and crepitus. Range of motion was -10 to 115 degrees on the left and -15 to 115 degrees on the right. X-rays of the bilateral knees were documented to show moderate to severe osteoarthritis and Supartz injections in 2-2015 were documented as "very helpful". His work status was permanent and stationary. The medication list include Naproxen, Omeprazole and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 1 Refil: Overturned

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): Anti-inflammatory medications.

Decision rationale: Motrin belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain and is taking Motrin for this injury. The patient had diagnoses of sprains and strains of unspecified site of knee and leg. On 8-31-2015, the injured worker complains of right knee pain with giving way and increased swelling, rated 4-6 out of 10 (unchanged from 7-23-2015), and left knee pain and giving way, rated 6-7 out of 10 (rated 6-8 out of 10 on 7-23-2015). Functional change since last exam was noted as "worse" due to "pain," noting unchanged walking and sitting tolerance. The physical exam noted difficulty with rising from sitting, erect posture, an antalgic gait, and protective movement with stiffness. Tenderness was noted at the bilateral medial joint lines, along with ecchymosis-edema and crepitus. The range of motion was -10 to 115 degrees on the left and -15 to 115 degrees on the right. X-rays of the bilateral knees revealed moderate to severe osteoarthritis. The patient has chronic pain with significant objective abnormal findings. The patient's surgical history includes bilateral knee surgeries (1992 and 2005). NSAIDS like Motrin are first line treatments to reduce pain. The request for Motrin 800mg #60 with 1 refill is deemed medically necessary in this patient.