

Case Number:	CM15-0039793		
Date Assigned:	03/10/2015	Date of Injury:	10/23/2012
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: New Jersey
 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 51 year old male, who sustained an industrial injury on October 23, 2012. He reported left knee pain. The injured worker was diagnosed as having left knee chondromalacia patella, right knee internal derangement, left shoulder impingement with tendinitis, bulging disk of the lumbar spine with left sided radiculopathy left knee medial meniscal tear and lateral meniscal tear, status post arthroscopy and right knee medial meniscus tear. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left knee, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of left knee pain, right knee pain and low back pain. The injured worker reported an industrial injury in 2012, resulting in chronic bilateral knee pain and low back pain. He was treated surgically and conservatively without resolution of the pain. It was noted there was benefit with physical therapy following the left knee arthroscopy however, he required the use of a cane to ambulate and continued to need pain medications. Evaluation on September 12, 2014, revealed right and left knee pain post-operatively. It was noted the left knee was weak after surgery and injury to the left knee re-occurred and to the right knee as a compensation for the left knee. The plan included additional left knee surgical intervention, physical therapy and pain medications.

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 (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, various NSAIDs were prescribed and taken on a chronic basis prior to this request for Motrin. There was insufficient evidence found in the notes available for review to support the chronic use of Motrin or any other NSAID to set the worker apart from the Guidelines. As Motrin carries significant risk with long-term use, and the only diagnoses provided (meniscal tears) are also not appropriate for chronic use of NSAIDs, the request for Motrin will be considered medically unnecessary.