

<b>Case Number:</b>	CM15-0084476		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 37-year-old male who sustained a work related injury May 16, 2011. While uploading a portion of a machine onto a lift, it slipped. He moved backwards and tripped and the machine fell on his left leg. He was diagnosed with a severe proximal tibial fracture and an open reduction was performed. Subsequently, he underwent a partial hardware removal and an arthroscopy with chondroplasty and partial medial meniscectomy, May 16, 2012. Past history included pulmonary embolism on Coumadin post-surgery. According to a primary treating physician's progress report, dated April 8, 2015, the injured worker has chronic left knee pain s/p crush injury. There is functional improvement with medication and he is working part time, modified duty. A CURES report on March 9, 2015, was consistent with prescribed medication, opioids are only from primary's office, and compliant with opioid agreement. Treatment plan included medication and request for authorization for Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-68.

**Decision rationale:** In reference to NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the provided documents and evidence of functional improvement with medications, coupled with the prn dosing, use of Motrin is appropriate. Documentation by utilization review indicates modification of the initial order to #30 from #90 occurred by mutual agreement, and therefore the initial request for 90 tablets is not considered medically necessary.