

Case Number:	CM14-0139171		
Date Assigned:	09/05/2014	Date of Injury:	06/18/2009
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 47 year-old male was reportedly injured on 6/18/2009. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 7/9/2014, indicates that there are ongoing complaints of bilateral knee pain, right Achilles tendon repair postoperative. The physical examination demonstrated right knee: mild-moderate swelling. Range of motion 5-125 with pain along the posterior horn and mid zone of the medial meniscus as well as lateral meniscus of the right knee. Left knee: mild swelling with focal tenderness along the medial compartment. Range of motion 5-130. No recent diagnostic studies are available for review. Previous treatment includes Achilles tendon repair, medications, physical therapy, and conservative treatment. A request had been made for Motrin 800 mg #60 and was not certified in the pre-authorization process on 8/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127..

Decision rationale: 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. According to the attached medical record there is no reported decrease pain and increased functional activity related directly to the use of this medication. Therefore this request for Motrin is not medically necessary.