MAXIMUS Federal Services

Case Number:	CM14-0143039		
Date Assigned:	09/10/2014	Date of Injury:	09/24/2012
Decision Date:	02/20/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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. 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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, 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 53-year-old male who reported an injury on 09/24/2012. The mechanism of injury was a slip and fall. His diagnoses included lumbar degenerative disc disease, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, and status post left knee with residuals. His past treatments have included medications and physical therapy. Pertinent diagnostics include an MRI of the right knee. His surgical history includes surgery of the left knee. The injured worker presented on 04/29/2014 with complaints of bilateral knee and lumbar spine pain which he rated an 8/10. He noted that the pain remained unchanged since his last visit. Additionally, he stated that the pain is radiating to the mid back and sometimes to the upper back with burning and tingling sensation in both knees. He further stated that once the effect of the medication is gone, the pain returns. Upon physical examination of the knees, there was tenderness to palpation over the medial/lateral joint line of the left knee. There was pain in the knee on the medial aspect. Upon range of motion upon flexion of the right knee was at 120 degrees, and range of motion upon flexion of the left knee was at 120 degrees. The injured worker's sensation was intact as to pain, temperature, light touch, vibration and 2 point discrimination in all dermatomes. His current medication regimen included Norco, Motrin, Protonix, Flomax, Flexeril and Colace since at least 02/28/2014. The treatment plan included a consideration of a bilateral medial branch block, a consideration of an MRI of the left knee with contrast, a refill of the injured worker's current medications and a followup in 4 to 6 weeks. The rationale for the request was not provided within the documentation submitted for review. A

Request for Authorization dated 04/17/2014 was provided within the documentation submitted for review.

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 Ibuprofen. Decision based on Non-MTUS Citation Physician's Desk Reference, Motrin (ibuprofen)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Motrin 800 mg #60 is not medically necessary. The injured worker has chronic bilateral knee and lumbar spine pain. The California MTUS Guidelines recommend the use of nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest periods of time in patients with moderate to severe pain. The documentation submitted for review provides evidence that the injured worker has been treated with nonsteroidal anti-inflammatories for several months. As the guidelines clearly state that the use of NSAIDS is recommended for the shortest period of time, the request as submitted does not support the evidence based guidelines. Additionally, the documentation submitted for review provided evidence that the injured worker was also taking opiate medication and the injured worker stated that his pain relief remained the same. As such, the request for Motrin 800 mg #60 is not medically necessary.