

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0218621 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 04/01/2008 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 04/01/2008. He had reported an injury to the right and left knee. The diagnoses have included bilateral knee medial meniscal tears. Treatment to date has included left knee surgery in 2007 with postoperative physical therapy, cortisone and visco-supplementation injections, psychological treatment, and medications. Diagnostics to date have included MRI of left knee which revealed posterior horn medial meniscus tear with mild tri-compartmental arthropathy and Bakers cyst with mild joint effusion. Currently, the IW complains of continued complaints of bilateral knee pain, exacerbated with any weight bearing. The physician stated the injured worker does not desire surgical intervention at this time. He noted functional improvement and pain relief with the adjunct of the medications. On 11/26/2014, the injured worker submitted an application for IMR for review of Motrin 800mg #60 with 2 refills. On 12/02/2014, Utilization Review non-certified the above request noting there is no clear rationale for increasing the dose when the injured worker states that the over the counter form of the medication is beneficial. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 2 refills: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The qualified medical evaluation report dated December 17, 2013 documented that a cardiology consultation dated 10/23/07 noted an abnormal EKG electrocardiogram. The cardiologist was unable to provide medically clearance for surgery due to the abnormal EKG electrocardiogram. The agreed medical examination report dated July 7, 2014 documented a history of elevated blood pressure. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. No recent blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Motrin is not supported by MTUS guidelines. Therefore, the request for Motrin 800 mg is not medically necessary.