

Case Number:	CM15-0118254		
Date Assigned:	06/26/2015	Date of Injury:	10/11/2012
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, California
 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 46 year old female who sustained an industrial injury on 10/11/12. The mechanism of injury was unclear. She currently complains of intermittent left knee pain with popping, swelling and weakness causing her to lose her balance intermittently. On physical exam of the left knee there was 1+ effusion, tenderness along the lateral joint, medial joint line tenderness and patellofemoral joint, positive McMurray's, 1+ patellar grind. Medications were Relafen, ibuprofen. Diagnoses include knee lateral meniscus tear; knee medial meniscus tear; chondromalacia; joint/leg pain; knee-chondromalacia patella. Treatments to date include physical therapy which were beneficial; medication; exercise with stationary bike with some benefit. There were no diagnostics available for review. In the progress note dated 4/20/15 the treating provider's plan of care included a request for Relafen 750 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg tablets Qty: 60 Refills: unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not provided. The Relafen is not justified and not medically necessary.