

Case Number:	CM15-0099103		
Date Assigned:	06/01/2015	Date of Injury:	08/31/2013
Decision Date:	07/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/22/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 42 year old female, who sustained an industrial injury on 8/31/13. She reported initial complaints of left knee injury. The injured worker was diagnosed as having pain in joint lower leg; internal derangement of knee; other disorder muscle ligament and fascia. Treatment to date has included status post left knee arthroscopy (3/2/15); physical therapy; medications. Diagnostics included X-rays left knee (2/13/15); MRI left knee without contrast (9/28/13); MRI left knee with and without contrast (5/15/14). Currently, the PR-2 notes dated 3/10/15 indicated the injured worker was there as a follow-up evaluation with regards to her knee claiming to have pain and has attempted to get rid of crutches and try to walk without them. She is a status post left knee arthroscopy with lateral release/chondroplasty on 3/2/15. The portal/incision sites are benign and range of motion is limited secondary to discomfort but no more than would be expected, the provider notes. Distal neurovascular function is intact and she has incomplete knee extension and walking with a limp. She has incomplete knee extension by approximately 10 degrees with flexion at 85 degrees. Physical therapy began at least twice a week for 6 weeks. On May 6, 2015, per PR-2 note, the provider gave the injured worker samples of Duexis to take 3 times a day PRIN for pain and inflammation times 30 sample tablets. The provider has requested Duexis 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for duexis (ibuprofen and famotidine) in the insured congruent with ODG. The request is not medically necessary.