

Case Number:	CM13-0053417		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2012
Decision Date:	08/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/05/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 53 year old male who was working on a roof when it collapsed on 08/16/2012 and he fell 8 feet injuring his left hip and knee. Subsequently he had surgery to the knee, but he has continued to suffer from left hip and knee pain. He has been diagnosed with traumatic arthropathy left knee, s/p ORIF of the left hip, left knee pain, left lower leg contusion, and neuropathic pain. His doctor's current request is for Ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, qty 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), Initial approaches to treatment, Hip and Groin disorders, page(s) 45, 67-83.

Decision rationale: Apart from warning against the long term use of the non-steroidal anti-inflammatory drugs (NSAIDS) to avoid side effects, the MTUS recognizes NSAIDS (including Ibuprofen up to a daily dose of 3200 mg in divided doses of 3-4 times a day) as a first line agent

to reduce pain and increase function for various kinds of musculoskeletal pain. The ACOEM 3rd edition practice guidelines recommend the non-steroidal anti-inflammatory drugs as first line agent for most patients. Furthermore, this guideline has reported that Etoricoxib (also a non-steroidal anti-inflammatory medication) is superior to placebo and comparable to Ibuprofen 800mg three times a day.