

Case Number:	CM13-0065277		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2010
Decision Date:	06/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a window washer of [REDACTED] and has submitted a claim for sprains and strains of knee and leg associated with an industrial injury date of November 26, 2010. Treatment to date has included knee surgery dated March 4, 2011 followed by post operative physical therapy, and pain medications such as Neurontin, Prilosec, Naproxen and Norco. Ibuprofen 500mg/tab TID was prescribed since November 26, 2010. Medical records from 2010 to 2014 were reviewed showing that patient has been experiencing right knee pain graded 9-10/10 and right leg weakness. This resulted to difficulty in ambulation. Upon physical examination, range of motion on the right lower extremity was reduced by 50%. Most of the documents provided for review are handwritten and incomprehensible, therefore some important details may have been missed. Utilization review from November 26, 2013 denied the request for Ibuprofen 800mg however rationale for denial was not provided in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on section of Non-Steroidal Anti-Inflammatory Drugs (NSAID) page 67 states that NSAIDs are recommended at the lowest dose for the shortest period for treatment of osteoarthritis. Furthermore, there is no evidence of long term effectiveness for pain. In this case, the patient has been prescribed with Ibuprofen 800mg TID since 2010. Despite prolonged use, there was no evidence showing its effectiveness in terms of relief of pain and increase in functional capacity. It was also evident that Ibuprofen has caused gastric irritation to patient. Moreover, the present request does not specify the quantity to be dispensed. Therefore, the request for Ibuprofen 800mg is not medically necessary.