

<b>Case Number:</b>	CM14-0108974		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert reviewer is Board Certified in Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 39-year-old male who reported an injury on 07/10/2012 due to a fall. On 12/20/2013, the injured worker presented with bilateral knee pain. MRI of the left knee revealed increased signal posteromedial meniscus with possible meniscal tear. The diagnoses were contusion of the knees bilaterally with probable patellofemoral syndrome and probable depression. Current medications included ibuprofen. Prior therapy included the use of a TENS unit. Examination of the bilateral knees was normal strength and peripatellar tenderness, right greater than left. The provider recommended hydrocodone. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60 times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration consistent with individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment; the efficacy of the prior use of medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for ibuprofen 800 mg #60 and 2 refills is not medically necessary.