

Case Number:	CM14-0016869		
Date Assigned:	04/11/2014	Date of Injury:	06/19/2009
Decision Date:	05/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 48 year old male who was injured on 06/19/2009 while working as a landscaper/superintendent. He was using a device called a trencher and he was walking backwards. The ground behind him gave way. He fell backwards with the machine, which he was trying to push away from him. Prior treatment history has included physical therapy, ice, massage, stationary bike, home exercise program and a TENS unit. He underwent an ACL repair in 2010 followed by second right knee surgery in November 2010. His medications include ibuprofen and Norco. Progress note dated 08/06/2013 documented the patient was taking ibuprofen 800 mg tid, Norco 10/325 mg tid prn pain and Penssaid. Progress note dated 09/17/2013 documented the patient's current medications as ibuprofen 800 mg tid, Norco 10/325 mg tid prn pain and Penssaid to right knee. Final Determination Letter for IMR Case Number CM14-0016869 3 Progress note dated 10/15/2013 documented the patient's current medications as ibuprofen 800 mg tid, Norco 10/325 mg tid prn pain and Penssaid to right knee. A toxicology report dated 10/15/2013 revealed a positive detection of analgesics/NSAIDs. Progress note dated 11/12/2013 documented the patient's current medications as ibuprofen 800 mg tid, Norco 10/325 mg tid prn pain and Penssaid to right knee. Progress note dated 12/10/2013 documented the patient's medications as ibuprofen 800 mg tid, Norco 10/325 mg tid prn pain and Penssaid to right knee. Progress note dated 01/07/2014 documented the patient with complaints of right knee pain and bilateral low back pain. Exacerbating factors are prolonged standing. Prolonged walking, bending at the knees, crawling and kneeling. The patient's current medications are ibuprofen 800 mg tid, Norco 10/325 mg tid prn pain and Penssaid to right knee. Objective findings on examination of the musculoskeletal/spine revealed there is right knee "locking and catching". Examination of the skin is within normal limits in all limbs, except for a surgical scar on the right knee. There is tenderness on palpation of the right knee. Lumbar, hip and right knee

ranges of motion were restricted by pain in all directions. Lumbar, hip, and right knee provocative maneuvers were positive. Muscle stretch reflexes are 1 and symmetric bilaterally in the lower extremities. Clonus, Babinski's and Hoffman's signs were absent bilaterally. Muscle strength is 5/5 in bilateral lower extremities. The remainder of the examination is unchanged from previous visit. Recommendations: The patient was provided a prescription for his industrially-related medication ibuprofen 600 mg 1 tablet po bid, #60 with 0 refills. The ibuprofen meets the MTUS and ODG Guidelines as it provides 30% improvement of his pain with maintenance of his activities of daily living such as self-care, dressing. He is on an up to date pain contract and his previous Urine Drug Screen (UDS) were consistent

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Steroidal Anti-Inflammatory Drugs (NSAID)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 67-72.

Decision rationale: As per CA MTUS guidelines, ibuprofen is an NSAID, which is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, this patient has chronic right knee and lower back pain. It is noted that there is a 30% improvement of his pain with maintenance of his Activities Of Daily Living (ADL) ; however, the records submitted do not document the patient's efficacy with this medication nor there is any evidence of a decreased in rate of pain or objective functional improvement. This patient has been prescribed this medication chronically and guidelines recommend short-term use only since there is no evidence of long-term effectiveness for pain or function. However, the dose of ibuprofen was decreased from 800 mg to 600 mg and the patient does have a documented improvement in his pain management with increased functioning of ADLs. This in my opinion is an appropriate deviation from the above guidelines and is medically necessary.