

<b>Case Number:</b>	CM14-0147854		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 56 year old female with a date of injury on 7/10/2013. Subjective complaints are of right knee pain rated at 7/10, and bilateral wrist pain. Physical exam showed tenderness over the right knee medial joint line and decreased range of motion. The wrist showed flexion and extension at 60 degrees. Right knee MRI from 7/3/14 showed a medial meniscus tear and high grade chondromalacia. Electrodiagnostic studies from 7/11/14 showed severe bilateral carpal tunnel syndrome. Medications include Motrin, Omeprazole, UltraFlex-g cream, and Flurido-A cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg, #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) -drugs.com and Goodman and Gilman's The pharmacological Basis of Therapeutics, 12th ed. McGraw Hill 2012 and the Physicians Desk Reference, 68th ed. -[www.RxList.com](http://www.RxList.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain is present in multiple locations. Therefore, the requested ibuprofen is consistent with guideline recommendations, and the medical necessity is established.