

Case Number:	CM14-0171530		
Date Assigned:	10/23/2014	Date of Injury:	06/08/2012
Decision Date:	11/21/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal 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 54 year old female with date of injury 06/08/2012. Mechanism of injury is a fall. Her complaint is left knee pain. Recent MRI on 08/24/2014 showed a patellar fracture and meniscal tear. Current diagnosis includes synovitis/tenosynovitis of the knee, meniscus tear, and general joint/knee pain. She has been treated in an interdisciplinary functional restoration program. Current medications include Ibuprofen 600 mg TID and Lidoderm patches. Current request is for Ibuprofen 600 mg TID (three times a day) with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Ibuprofen 600mg TID (three times a day) #90 with 3 refills for the left knee:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 329-360.

Decision rationale: MTUS states NSAIDS are first-line treatment of many pain conditions, including knee pain. This patient has been on a stable dose of NSAIDS, without escalation to opiates or other significant pain preparations. At this time, the use of the ibuprofen is medically

appropriate. I am reversing the prior UR decision for the ibuprofen 600mg TID (three times a day) #90 x 3 refills.