

<b>Case Number:</b>	CM14-0173727		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old male who reported injuries on 11/26/2012. The injuries reportedly occurred when the soil shifted underneath him and he lost his balance and fell into a trench. On 10/09/2014, his diagnoses included status post right knee ACL reconstruction, right knee ACL tear, chronic right knee pain, right knee internal derangement and right knee medial meniscal tear status post repair. His complaints included right knee and right low back pain rated 5/10. Exacerbating factors were prolonged sitting or standing, lifting or twisting, driving, any activities, lying down, coughing, sneezing, and bearing down. There were no mitigating factors. His medications included Norco 10/325 mg, ibuprofen 600 mg and lisinopril of an unknown dose. Upon examination, there was tenderness noted upon palpation of the medial and lateral joint line of the right knee. There was 2+ edema in the knee. The right knee ranges of motion were restricted by pain in all directions. Muscle strength was 5/5 in all limbs except for the right quadriceps where the strength was 4+/5. The recommendation for the ibuprofen noted that it decreased his inflammatory pain by 30% and improved his activities of daily living such as self-care and dressing by 30%. A Request for Authorization dated 10/10/2014 was included in this injured worker's chart. .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The request for ibuprofen 600 mg # 60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis and off label for ankylosing spondylitis. Doses greater than 400 mg have not provided greater relief of pain. This injured worker was not noted to have any of the above diagnoses. The 600 mg dose exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included with this request. Therefore, the request for ibuprofen 600 mg # 60 is not medically necessary.