

<b>Case Number:</b>	CM14-0054849		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/30/2005
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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:

This is a 45 year old male who reported an industrial injury on 12/30/2005, almost nine (9) years ago, attributed to the performance of customary job tasks. The patient was noted to be s/p right knee partial medial/lateral meniscectomy. The patient complained of pain to the right shoulder, right wrist, and bilateral knees. The patient was prescribed Norco 10/325 mg; Ibuprofen 800 mg; Prilosec 20 mg and the topical compounded Ketoprofen; Gabapentin; and Tramadol. The patient was diagnosed with right shoulder impingement with posttraumatic arthrosis of the AC joint; bilateral knee chondromalacia patella grade 2 with medial meniscus tears; carpal tunnel syndrome intermittent, right greater than left, confirmed by nerve conduction studies; anxiety; depression; possible histrionic personality; insomnia; industrial hearing loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs.

**Decision rationale:** ]The use of Ibuprofen 800 mg #100 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Ibuprofen. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Ibuprofen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Ibuprofen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Ibuprofen 800 mg #100 is not medically necessary.