

Case Number:	CM13-0070274		
Date Assigned:	01/03/2014	Date of Injury:	03/21/2005
Decision Date:	03/27/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 63-year-old female, with a reported date of injury of 03/21/2005. The diagnoses include status post right shoulder arthroscopic subacromial decompression, partial distal claviclectomy and rotator cuff repair; cervical sprain/strain; status post right knee partial medial and lateral meniscectomy with post-traumatic arthrosis of the medial compartment; left knee medial meniscus tear; left knee medial compartment arthritis, lumbar spine degenerative disc disease, degenerative joint disease with bulges at L4-5 and L5-S1, and rheumatoid arthritis. Treatments have included an x-ray of the left knee, visco supplementation injections, cortisone injections, which did not help, and anti-inflammatory medication. The comprehensive orthopedic re-evaluation report dated 12/04/2013 indicates that the injured worker had increased pain in her left knee. She rated her left knee pain 10 out of 10, and her right knee pain 8 out of 10. The low back pain was rated 8 out of 10, the right shoulder was rated 8 out of 10, and the neck was rated 8 out of 10. The physical examination showed flexibility in the back and hips, bilateral slightly flexed knee and antalgic limp, bilateral knee synovitis, minimal tenderness to palpation of the right knee, and tenderness of her left knee. On 12/12/2013, Utilization Review (UR) denied the request for Ibuprofen 800mg #100, noting that additional information, such as the injured worker's subjective, objective, and functional response to the previous use of Ibuprofen was necessary in order to give a decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR IBUPROFEN 800MG #100: Upheld

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 NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Although there was evidence of the worker having conditions which might indicate NSAID use chronically, such as arthritis, the worker had used other NSAIDs prior to this request and there was insufficient reporting found in the documents regarding the use of NSAIDs and the functional gains directly related to its use. Also, considering the NSAIDs were being used in combination with oral steroids to help treat her rheumatoid arthritis, the link to her use of this medication and her injury is not clearly laid out in the documentation. Therefore, the ibuprofen 800 mg #100 will be considered medically unnecessary.