

Case Number:	CM15-0100026		
Date Assigned:	06/02/2015	Date of Injury:	04/19/2004
Decision Date:	09/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California

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 43-year-old male who sustained an industrial injury on April 19, 2004 resulting in left knee pain. He was diagnosed with Left knee chondromalacia of the patella, synovitis and lateral meniscus tear. Documented treatment has included left knee arthroscopy and medication. There is no documentation provided regarding other treatments or outcomes. The injured worker continues to present with left knee pain and decreased mobility. The treating physician's plan of care includes Ibuprofen 800 mg. Work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90 1 refill for management of left knee pain: 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.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In this case, the length of prior use for his chronic knee pain is unknown. Future pain response cannot be determined. Although, Ibuprofen may be appropriate, the request with 1 additional refill is not medically necessary.