

Case Number:	CM15-0101891		
Date Assigned:	06/04/2015	Date of Injury:	02/10/2010
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old female who sustained an industrial injury on 02/10/2010. Current diagnoses include right shoulder impingement, left shoulder impingement, thoracic spine sprain/strain, bilateral elbow epicondylitis, and bilateral knee Achilles bursitis or tendinitis. Previous treatments included medications and injections. Previous diagnostic studies include x-rays of the right knee. Report dated 04/17/2015 noted that the injured worker presented with complaints that included low back pain and bilateral knee pain. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the medial and lateral knees and decreased range of motion. The treatment plan included requests for urine toxicology screen, topical compounds, follow up with knee surgeon and recommend halting Synvisc injection. Disputed treatments include ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: MTUS Guidelines support the use of NSAIDs for conditions with chronic inflammation. However, the Guidelines point out that their effectiveness can be marginal and they have many side effects. This patient has developed GI distress from her NSAID use and there is no documentation regarding how much pain relief she has from the Motrin as an individual drug. There is no documentation of how she is to utilize the drug and there is no documentation how long/how much of the drug is being recommended. Under these circumstances, the Ibuprofen 800mg quantity unspecified is not supported by Guidelines and is not medically necessary.