

Case Number:	CM15-0018513		
Date Assigned:	02/06/2015	Date of Injury:	05/16/2011
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/30/2015

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: Physical Medicine & Rehabilitation

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 36 year old male who sustained an industrial injury on 05/16/11. He reports low back and left knee pain. Treatments to date include medications, open reduction internal fixation fracture of an unspecified site, and status post left knee chondroplasty and arthroplasty with meniscectomy and partial hardware removal. Diagnoses include low back and left knee pain, abscess and cellulitis upper arm and forearm, numbness. In a progress noted dated 12/15/14 the treating provider reports tenderness in the paraspinal muscles and of the left knee. The treatment plan consists of Norco, ibuprofen, and antibiotics. On 01/08/15 Utilization Review non-certified the ibuprofen, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg BID PRN #60 Refills: 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 12/15/14 progress report provided by treating physician, the patient presents with low back and left knee pain rated 4/10 with and 7/10 without medications. The request is for IBUPROFEN 600MG PRN #60 REFILLS:4. Patient is status post meniscectomy, date unspecified and left knee chondroplasty and arthroplasty 05/16/12. Patient's diagnosis on 12/15/14 included low back pain, knee pain, a cellulitis and abscess of upper arm and forearm. Patient's medications include Ibuprofen, Norco, Phenergan, Zantac, Benadryl and Keflex. Patient is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Ibuprofen was prescribed in progress reports dated 10/21/14, 11/19/14 and 12/15/14 for pain and inflammation. Per progress report dated 12/15/14, treater states "medications are significantly helpful for him and allow him to work and be functional. Functional improvement with medication includes working modified duty." Patient continues with low back and knee pain. Treater has documented 2 point decrease in VAS and increase in function. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.