

<b>Case Number:</b>	CM15-0140257		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/16/1996
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 57 year old female, who sustained an industrial injury on 7/16/1996. The mechanism of injury is injury from falling down school bus stairs. The current diagnoses are right knee pain, status post right knee replacement (2010), and chronic post-operative pain. According to the progress report dated 7-2-2015, the injured worker complains of constant, sharp right knee pain. Overall she has done better since the total knee replacement. Since the surgery, she reports chronic numbness and tingling in her right lower leg and foot associated with a feeling that her knee is "buckling" at times. The pain is rated 7 out of 10 on a subjective pain scale. The physical examination of the right knee reveals reduced and painful range of motion. The current medications are Tramadol, Motrin, and Sertaline. It is unclear when the requested Ibuprofen was originally prescribed. Treatment to date has included medication management, x- rays, ice, and surgical intervention. Current work status was not described. A request for Ibuprofen and genicular blocks to the right knee has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genicular blocks right knee 4 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter: Radiofrequency neurotomy (of genicular nerves in knee).

**Decision rationale:** According to the Official Disability Guidelines (ODG), genicular blocks are not recommended in the knee until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of neurotomy, but also to track any long-term adverse effects. In this case, the guidelines do not support genicular blocks in the knee. Therefore, based on Official Disability Guidelines and submitted medical records, the request for genicular blocks to the right knee is not medically necessary.

**Ibuprofen 800mg #90 with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, without evidence of functional improvement supporting the subjective benefit such as measurable increase in range of motion, decrease in the VAS pain scores, reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result the medical necessity of the requested medication has not been established. It is unclear when Ibuprofen was originally prescribed. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Ibuprofen is not medically necessary.