MAXIMUS Federal Services

Case Number:	CM15-0141707		
Date Assigned:	07/31/2015	Date of Injury:	01/18/2010
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

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 51 year old female who sustained a work related injury January 18, 2010. She slipped and fell getting off a bus and twisted her left knee. Past history included left knee arthroscopic chondroplasty, partial meniscectomy and loose body removal March 10, 2014, right shoulder surgery, 2001, and migraine headaches. The most recent primary treating physician's progress report, dated February 9, 2015, finds the injured worker with intermittent pain in the left knee. Hip examination revealed no irritability at pelvis level and gait is normal. No abnormal findings on knee examination on non-involved knee. There is medial tenderness of left knee, range of motion 1-125 degrees, McMurray's positive lateral, crepitus 2 +, and calf non-tender. A request for authorization form, dated June 11, 2015, documents the diagnoses as chondromalacia patellae; mononeuritis leg, not otherwise specified. At issue, is a request for authorization for ibuprofen 800 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen 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 Ibuprofen for an unknown length of time. The claimant had been on Tylenol 1 year ago but there was no indication of Tylenol failure. Long- term NSAID use has renal and GI risks. Pain scores are not routinely noted. The use of high dose Ibuprofen was not justified and is not medically necessary.