

<b>Case Number:</b>	CM15-0163843		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Texas, 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 41 year old female who sustained an industrial injury on 3-4-11 when her foot slipped off a ladder injuring her left knee. She was medically evaluated given a brace and prescribed Motrin 800mg. Her diagnosis was left knee injury, sprain. She left knee x-rays (3-5-11) which were normal. She currently complains of constant left knee pain that was slightly improved with a pain level of 5-6 out of 10. On physical exam of the left knee there was decreased range of motion. She ambulates with a cane. Medications were tramadol, Estazolam, Pepcid and Lorazepam, Norco. Medications improve pain per 7-20-15 note Diagnoses include post traumatic moderate left knee osteoarthritis; left knee meniscal tear, status post arthroscopy; cervical spine sprain, strain; cervical disc bulge; lumbar sprain, strain; lumbar disc degeneration; left shoulder sprain, strain; acromioclavicular degenerative changes, left shoulder. Treatments to date include medications; psychiatric evaluation; physical therapy. Diagnostics include MRI of the left knee (3-22-11) showing minimal chondromalacic changes. In the progress note dated 7- 20-15 the treating provider's plan of care included a request for Motrin 800mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin (Ibuprofen) 800mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, page 22.

**Decision rationale:** Motrin belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)" Patient is having chronic pain and is taking Motrin for this injury. Her diagnosis was left knee injury, sprain. She currently complains of constant left knee pain that was slightly improved with a pain level of 5-6 out of 10. On physical exam of the left knee there was decreased range of motion. She ambulates with a cane. Medications improve pain per 7-20-15 note Diagnoses include post traumatic moderate left knee osteoarthritis; left knee meniscal tear, status post arthroscopy; cervical spine sprain, strain; cervical disc bulge; lumbar sprain, strain; lumbar disc degeneration; left shoulder sprain, strain; acromioclavicular degenerative changes, left shoulder. Diagnostics include MRI of the left knee (3-22-11) showing minimal chondromalacic changes. NSAIDS like Motrin are first line treatments to reduce pain. Motrin (Ibuprofen) 800mg #60 use is medically appropriate and necessary in this patient.