

<b>Case Number:</b>	CM15-0164595		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/08/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female, who sustained an industrial injury on 9-16-2013. She reported a twisting injury to her right knee. The injured worker was diagnosed as having knee pain and patellar tendonitis. Treatment to date has included diagnostics, physical therapy, cortisone injection, bracing, and medications. A progress report (4-15-2015) noted medications to include Ibuprofen (600mg-up to 4 times per day) which didn't help, for right knee pain. She also reported taking a family member's Norco twice weekly. Pain was variable, depending on activity level. The treatment plan at that time included arthroscopic evaluation of the knee. It was recommended that she use Gabapentin, continue non-steroidal anti-inflammatory drug use, and occasional stronger pain medication (Norco) if needed. Currently, the injured worker complains of right knee pain with no change in symptoms. Her medication was documented as Ibuprofen and she continued to take pain medication from her mother. The recommended treatment included starting Norco and continued Ibuprofen. She was to remain off work. Urine toxicology and-or lab work was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for right knee pain. In March 2015 medications included ibuprofen 600 mg up to four times per day. When seen in April 2015 ibuprofen was not helping. There had been temporary improvement with physical therapy. She was taking Norco which had been prescribed to her mother two times per week. There had been improvement for a few days after a cortisone injection. When seen by the requesting provider she was having right knee pain. Physical examination findings included appearing in no acute distress. She was wearing a right knee brace. Ibuprofen was continued and Norco was prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has not benefited from ibuprofen prescribed at the same dose since at least March 2015. Ongoing prescribing at this dose is not medically necessary.

**Norco 5/325 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for right knee pain. In March 2015 medications included ibuprofen 600 mg up to four times per day. When seen in April 2015 ibuprofen was not helping. There had been temporary improvement with physical therapy. She was taking Norco which had been prescribed to her mother two times per week. There had been improvement for a few days after a cortisone injection. When seen by the requesting provider she was having right knee pain. Physical examination findings included appearing in no acute distress. She was wearing a right knee brace. Ibuprofen was continued and Norco was prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. Criteria for use of an opioid medication include documentation of baseline pain. In this case, when prescribed, the claimant was in no acute distress and pain levels were not documented. Prescribing Norco was not medically necessary.