

Case Number:	CM15-0186522		
Date Assigned:	09/28/2015	Date of Injury:	11/25/2011
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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: New Jersey

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:

This is a 63-year-old female with a date of injury of November 25, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, chondromalacia of the patella, and sprain and strain of the knee and leg. Medical records dated July 16, 2015 indicate that the injured worker complains of ankle and knee pain rated at a level of 7 out of 10. A progress note dated August 27, 2015 notes subjective complaints of pain of the knee and lower leg rated at a level of 7 out of 10. Per the treating physician (August 27, 2015), the employee has not returned to work. The physical exam dated July 16, 2015 reveals decreased range of motion of the bilateral knees, and tenderness to palpation of the patella. The progress note dated August 27, 2015 documented a physical examination that showed tenderness to palpation of the lateral joint line bilaterally, and decreased range of motion of the bilateral knees. Treatment has included Synvisc injection that helped, an unspecified number of aqua therapy sessions that "Helped a lot", physical therapy since at least April of 2015, left knee surgery in February of 2015, and medications (Ibuprofen since the date of the injury; Tylenol #3 since at least July of 2015; Gabapentin since at least March of 2015). The original utilization review (September 10, 2015) non-certified a request for Ibuprofen 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient reporting found in the recent notes to show functional gain and pain level reduction benefit from the regular use of ibuprofen 600 mg. Also, since chronic use of ibuprofen is not benign and comes with significant long-term side-effects with regular use, this request is not medically necessary at this time.