

Case Number:	CM15-0190304		
Date Assigned:	10/02/2015	Date of Injury:	09/19/2012
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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 29 year old female, who sustained an industrial injury on 9-19-2012. Medical records indicate the worker is undergoing treatment for right anterior cruciate ligament and medial meniscus arthroscopic repair with mild pain relief, knee pain, foot pain and low back pain. A recent progress report dated 8-21-2015, reported the injured worker complained of low back pain radiating down the right leg, rated 5 out of 10 with medications and 9 out of 10 without medications. She reports the medication allows her to perform her activities of daily living and work part time. Physical examination revealed range of motion flexion of 67 degrees-limited by pain and extension of 10 degrees limited by pain. Lumbar paravertebral spasm and tenderness was noted on the right side. Treatment to date has included right knee surgery, TENS (transcutaneous electrical nerve stimulation), knee brace, physical therapy, Norco and Ibuprofen. The physician is requesting Ibuprofen 800mg, take 1 twice daily as needed # 60 Refill 1. On 8-28-2015, the Utilization Review noncertified the request for Ibuprofen 800mg, take 1 twice daily as needed # 60 Refill 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tablet SIG, take 1 twice daily as needed Qty: 60 Refill 1: 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).

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 NSAIDs (including Motrin) for over a year in combination with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.