

<b>Case Number:</b>	CM15-0204447		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/28/1996
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 63 year old female, who sustained an industrial injury on 08-28-1996. A review of the medical records indicates that the worker is undergoing treatment for knee osteoarthritis status post total knee arthroplasty, hypertension, gastroesophageal reflux disease and transient ischemic attack. Subjective complaints (07-30-2015, 08-25-2015, and 09-16-2015) included bilateral knee pain that was rated as 6-7 out of 10 with medication and 8 out of 10 without medication. Duration of the effect of medication was documented as 2-3 hours. The physician noted that medication enabled the worker to complete activities of daily living and that without medication; the worker would have significant difficulties. There was no documentation as to the specific effectiveness of Ibuprofen at relieving pain. Objective findings (07-30-2015) revealed diffuse anterior knee and diffuse posterior knee tenderness, swelling and painful flexion and extension of the right knee. Objective findings (08-25-2015 and 09-16-2015) included palpable tenderness of the medial joint line of the right knee, palpable tenderness at the lateral joint line of the right knee, laxity with varus stress of the right knee, flexion of 110 degrees to the left and right and pain with range of motion of the bilateral knees. Treatment has included Flector patch, Celebrex, Ultram, Norco, Hydrocodone-Acetaminophen, Diclofenac, Ibuprofen (since at least 08-25-2015) and a home exercise program. Active medications were listed as Celebrex, Ultram, Omeprazole, Norco and Ibuprofen. A utilization review dated 09-26-2015 non-certified a request for Ibuprofen 600 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 7/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.