

Case Number:	CM15-0205071		
Date Assigned:	10/22/2015	Date of Injury:	04/26/1999
Decision Date:	12/10/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	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

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 injured worker is a 58 year old female, who sustained an industrial injury on 04-26-1999. The injured worker was diagnosed as having chronic cervical sprain - strain, bilateral knee post-traumatic osteoarthritis, chronic lumbar strain with instability and lumbar stenosis. On medical records dated 09-16-2015, the subjective complaints were noted as cervical spine, lumbar spine, right shoulder, and bilateral knee pain. Pain was noted at 7 out of 10 without medication and 4 out of 10 with medication. Objective findings were noted as bilaterally knees were noted to have tenderness medially. Range of motion was 0 to 120 degrees. Crepitus open passive ranges of motion in both knees were noted. Treatments to date included medication. The injured worker was noted to be not working. Current medication were listed as Motrin. The Utilization Review (UR) was dated 10-10-2015. A Request for Authorization was dated 10-06-2015. The UR submitted for this medical review indicated that the request Motrin (Ibuprofen) 800 milligrams, 1 tab by mouth every 8 hours as needed #90 with one refill for the cervical, lumbar, bilateral knees, and right shoulder for was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin (Ibuprofen) 800 milligrams, 1 tab by mouth every 8 hours as needed #90 with one refill for the cervical, lumbar, bilateral knees, and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: According to the MTUS 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. The medical records do not indicate improvement in function to support the continued use for Motrin. The long term utilization of NSAIDs is not supported due to increased gastrointestinal and cardiovascular risks. The request for Motrin (Ibuprofen) 800 milligrams, 1 tab by mouth every 8 hours as needed #90 with one refill for the cervical, lumbar, bilateral knees, and right shoulder is not medically necessary and appropriate.