MAXIMUS Federal Services

Case Number:	CM15-0205513		
Date Assigned:	10/22/2015	Date of Injury:	11/22/2013
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania
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 57 year old female, who sustained an industrial injury on 11-22-2013. The injured worker was diagnosed as having pain in limb, pain in joint involving shoulder region, and pain in joint involving lower leg. Treatment to date has included diagnostics, left knee surgery 1-2015, physical therapy, H wave unit, and medications. Currently (9-25-2015), the injured worker complains of left knee pain, described as "about the same this month", rated 2 out of 10 with Advil and 4 out of 10 without. Her medication use included Ibuprofen 600mg twice daily (three times daily x1 month), Norco daily, Propranolol, and Flexeril at bedtime. The use of Ibuprofen twice daily was noted since at least 4-2015. Exam noted a body mass index of 38.5%. Exam of the extremities noted no cyanosis, clubbing, or edema, and brisk pulses in both ankles. Her work status was permanent and stationary. The treatment plan included Ibuprofen 600mg #90 with 2 refills, modified to Ibuprofen 600mg #90 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen tab 600mg #90 with 2 refills: Upheld

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

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

Decision rationale: In regards to NSAID use, the MTUS only makes specific recommendations for osteoarthritis and back pain. For osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for mild to moderate pain. The MTUS states there is no evidence of long-term effectiveness for pain or function. There are substantial risks of cardiovascular and GI adverse effects with the long term use of NSAIDs. For back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. This worker has mild to moderate pain based on pain scale of 4/10 without Advil and 2/10 with Advil. It appears she is receiving a modest benefit from the use of an NSAID in terms of pain reduction but there is no report of any improvement in function. There is no indication of a trial of acetaminophen. She has been taking an NSAID for several months. The continued long term use of ibuprofen is not justified without evidence of functional benefit, a trial of acetaminophen and an attempt at weaning. The request is not medically necessary.