

Case Number:	CM15-0025378		
Date Assigned:	02/17/2015	Date of Injury:	07/24/2010
Decision Date:	03/27/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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: Physical Medicine & Rehabilitation

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 7/24/10. She has reported pain in the left knee, left arm and chin related to a fall. The diagnoses have included lumbago, sprain of ankle, popliteal synovial cyst and Achilles tendinitis. Treatment to date has included partial left knee replacement on 7/8/11, MRI of the right ankle, physical therapy and oral medications. As of the PR2 dated 1/12/15, the injured worker reports persistent left knee and right ankle pain. She indicated good pain relief with current medications. The treating physician requested to continue Ibuprofen 800mg #180. On 1/30/15 Utilization Review modified a request for Ibuprofen 800mg #180 to Ibuprofen 800mg #60. The utilization review physician cited the MTUS guidelines for anti-inflammatory use. On 2/2/15, the injured worker submitted an application for IMR for review of Ibuprofen 800mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The IBUPROFEN 800MG #120 is not medically necessary and appropriate.