MAXIMUS Federal Services

Case Number:	CM15-0218482		
Date Assigned:	11/10/2015	Date of Injury:	08/11/2014
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 11, 2014. In a Utilization Review report dated October 29, 2015, the claims administrator failed to approve a request for ibuprofen. The claims administrator referenced an October 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 22, 2015 office visit, the applicant reported ongoing issues with chronic knee pain. The applicant was given a corticosteroid injection. Motrin was apparently renewed. The treating provider contended that the applicant was not improved sufficiently to return to regular work. Work restrictions were seemingly renewed, although the treating provider did not clearly state whether the applicant was or was not working with said limitation in place. A separate note dated October 22, 2015 was notable for commentary to the effect that the applicant had been on total temporary disability for the preceding 3 weeks. On September 28, 2015, the applicant was placed off of work, on total temporary disability. Once again, no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 2015 web-based edition.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, no seeming discussion of medication efficacy transpired on office visits of October 22, 2015 or September 28, 2015. Said office visits seemingly suggested that the applicant's knee pain complaints were worsened on those date(s) of service. The applicant was seemingly off of work, the treating provider acknowledged, on the dates in question. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen. Therefore, the request is not medically necessary.