

Case Number:	CM15-0080788		
Date Assigned:	05/01/2015	Date of Injury:	10/22/2013
Decision Date:	06/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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 58 year old female, who sustained an industrial injury on October 22, 2013. She reported tripping and falling with injury to her low back, bilateral knees, and right elbow. The injured worker was diagnosed as having degeneration of the lumbar and lumbosacral intervertebral disc, spondylosis of unspecified site without mention of myelopathy, left medial meniscus tear confirmed by MRI of September 30, 2014, left knee patella chondromalacia confirmed by MRI of September 30, 2014, left knee patellofemoral degenerative joint disease confirmed by MRI of September 30, 2014, and right elbow lateral epicondylitis, clinically. Treatment to date has included MRI, x-rays, physical therapy, and medication. Currently, the injured worker complains of pain in the right leg, elbow, knee, and thigh. The Primary Treating Physician's report dated March 13, 2015, noted the injured worker reported her pain as a 9/10 in severity on the subjective pain scale. Physical examination was noted to show some pain and discomfort at the end point in flexion of the bilateral knees, with a positive McMurray's sign which initiated pain and discomfort over the medial joint space over the left knee. The right elbow was noted to be moderately tender to palpation over the lateral epicondyle. The treatment plan was noted to include medication, including Ibuprofen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 4: pages 60, 61, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with pain in the right leg, elbow, bilateral knees and right thigh. The pain is rated a 9/10. The request is for IBUPROFEN 600MG #60 WITH ONE REFILL. There is no RFA provided and the patient's date of injury is 10/22/13. The diagnoses include degeneration of the lumbar and lumbosacral intervertebral disc, spondylosis of unspecified site without mention of myelopathy, left medial meniscus tear confirmed by MRI of September 30, 2014, left knee patella chondromalacia confirmed by MRI of September 30, 2014, left knee patellofemoral degenerative joint disease confirmed by MRI of September 30, 2014, and right elbow lateral epicondylitis, clinically. Treatment to date has included MRI, x-rays, physical therapy, and medication. Current medications include Ibuprofen and Tramadol. The patient's work cannot accommodate modified duty, therefore she continues to be declared temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Ibuprofen for this patient's chronic pain, the request is appropriate. Ibuprofen was prescribed to the patient at least since 07/21/14, per provided medical reports. Progress report dated 02/12/15 documents the patient is able to sit for up to 1 hour prior to standing due to low back pain. With medication, "the patient is able to shower and dress herself." Given the conservative nature of this medication continuation is substantiated. The request IS medically necessary.