

Case Number:	CM15-0087439		
Date Assigned:	05/11/2015	Date of Injury:	09/21/2011
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina, Georgia
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 39 year old female, who sustained an industrial injury on 9/21/11. The injured worker has complaints of right lower extremity pain and some pain in her lower back, right thigh and ankle. The injured worker has complaints of occasional episodes of locking of the knee, describes as stiffness with inability to move the knee. The documentation noted on examination that the injured worker guards against ranging of her right knee. The diagnoses have included knee pain. Treatment to date has included tramadol for pain; omeprazole for stomach; magnetic resonance imaging (MRI) of the right knee failed to show meniscal or ligament tears in the knee, there was a small effusion and grade 3 patellofemoral chondromalacia. The request was for ibuprofen 800 mg, quantity 120 with 2 refills per 04/06/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, Qty 120 with 2 refills per 04/06/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for ibuprofen 800 mg #120 2 refills does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose exceeds the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of ibuprofen. Ibuprofen 800 mg #120 2 refills is not medically necessary.