

Case Number:	CM14-0169093		
Date Assigned:	10/17/2014	Date of Injury:	07/30/2010
Decision Date:	12/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a work injury occurring on 07/30/10 with injury to the left knee and low back. Treatments included a left total knee replacement with revision. She was seen by the requesting provider on 07/02/14. She was having left knee and low back pain with low back pain rated at 4/10 and radiating into the lower extremities. She was continuing to taking Norco and gabapentin. Physical examination findings included ambulating with a walker. There was decreased lower extremity strength and sensation. Straight leg rising in the seated position was positive bilaterally. Authorization for a pain management evaluation was requested. On 08/06/14 she had completed two physical therapy treatment sessions. She was having ongoing pain. She had an antalgic gait and difficulty transitioning positions. On 10/01/14 she was performing a home exercise program. Physical examination findings included an antalgic gait favoring the left lower extremity. There was decreased left knee range of motion with left knee weakness. Straight leg rising was positive. Norco, Omeprazole, Motrin, and Neurontin were refilled. On 10/29/14 she was continuing to use a walker. Physical examination findings included left sciatic notch, left knee, and lumbar spine tenderness. She had positive straight leg rising. There was decreased left knee range of motion. Norco 10/325 mg #90, Gabapentin 600 mg #90, and Omeprazole 20 mg were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 73.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic left knee pain. She is status post left total knee replacement with revision. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.