MAXIMUS Federal Services

Case Number:	CM15-0112106		
Date Assigned:	06/18/2015	Date of Injury:	01/15/2008
Decision Date:	07/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female, with a reported date of injury of 01/15/2008. The diagnoses include left knee arthrofibrosis, status post left knee revision total knee arthroplasty, left knee pain, lumbar radiculopathy, myofascial pain with muscle spasms, and insomnia associated with chronic pain. Treatments to date have included an MRI of the lumbar spine on 07/09/2012 which showed broad-based disc protrusion, mild facet arthropathy, narrowing of the lateral recesses, and bilateral foraminal narrowing; left knee arthroscopic lysis of adhesions and manipulation under anesthesia on 06/16/2011; oral medications; and home exercise program. The progress report dated 04/22/2015 indicates that the injured worker's current pain rating was 7-8 out of 10 without medications and 3-4 out of 10 with medications. The objective findings include pain with palpation of the spinous processes of the lumbar spine and pain with palpation along the left knee. The progress report dated 05/20/2015 indicates that the injured worker stated that she continued to experience pain in her low back and left knee. She described her symptoms as being constant, sharp, and aching in nature. Her current pain was rated 8 out of10 without medications and 4 out of 10 with medications. The pain radiated down the left leg. The objective findings include pain with palpation of the spinous processes of the lumbar spine, and decreased range of motion of the lumbar spine in all parameters. It was noted that the current medications appeared to manage the injured worker's symptoms adequately, so that she was able to function and perform her activities of daily living. The medications were renewed. The treating physician requested Ibuprofen 800mg #90 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 1 three times a day as needed, quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in January 2008 and is being treated for radiating low back pain and right knee pain. There was lumbar spine and right knee tenderness with decreased knee range of motion and an antalgic gait. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.