

Case Number:	CM15-0122207		
Date Assigned:	07/06/2015	Date of Injury:	12/27/2013
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 57 year old female patient who sustained an industrial injury on 12/27/2013. The employees worked regular duty as a head cashier. The accident was described as while working the store was held up at gunpoint she jumped back and twisted her left knee attempting to balance herself she stumbled hurting the right knee. She recalls hearing a "pop" followed by immediate pain upon moving the knees. A primary treating office visit dated 12/23/2014 reported subjective complaint of having knee pain. She states taking Norco causes some drowsiness and only takes it while at home. The rest of current medications are: Pennsaid, Topamax, Ibuprofen, Lidocaine patch, and Topical analgesic. She has previously trialed Flexeril, Motrin. Of note, she was involved in an automobile accident low speed with left neck pain in 2011. She is being referred for pain management evaluation. The following diagnoses were applied: pain in joint of lower leg, and strains/sprains of knee and leg not otherwise specified. On 02/06/2014 she underwent a magnetic resonance imaging study of the right knee revealed free-edge irregularity of the posterior horn of the medial meniscus as well as obliquely oriented increased T-2 signal with likely extension to the tibial articular surface, suggesting tear. There is also meniscal extrusion. There is a high-grade chondrosis of the knee, most obvious in the medial compartment along with medial compartment and tiny lateral compartment osteophytes. There is degeneration of the deep fibers of the medial collateral ligament, and a moderate sized effusion with synovitis that extends into a moderate sized loculated popliteal cyst. The plan of care noted to involve: continuing Motrin, Pennsaid to right knee, continue with psychotherapy, remain off from work duty and take the Norco at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 refills 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonselective NSAIDs Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, nonselective NSAIDs section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of her pain. There is no documentation that the lowest dose and shortest period is used for this patient. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800mg #90 with 4 refills is not medically necessary.