

Case Number:	CM15-0124621		
Date Assigned:	07/09/2015	Date of Injury:	03/06/2005
Decision Date:	08/12/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pennsylvania, Ohio, 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 52-year-old male who sustained an industrial injury on 3/6/15 from a slip and fall and experienced immediate pain in the right knee, left hand and face. He was medically evaluated, given medications, x-rays, MRI of the lumbar spine and right knee and orthopedic consult. He currently complains of constant low back pain radiating down the left leg to the thigh with tightness, numbness, tingling, popping and weakness; occasional right knee pain with tightness, stiffness, numbness, tingling, weakness. On physical exam of the low back there was tenderness on palpation over the midline of the mid and low lumbar spine and bilateral paraspinals, decreased range of motion and pain, positive Faber and reverse Faber is positive on the right; the right knee shows tenderness on palpation over the medial aspect of the patella, with moderate amount of popping, positive McMurray's sign for pain. Medications are Motrin, Flexeril, and Tylenol #3. Diagnoses include three-level lumbar discopathy; right knee medial meniscal tear. Treatments to date include home exercise program for low back; chiropractic treatments; physical therapy, pool therapy; medications both oral and creams. Diagnostics included x-rays and MRI's that showed facet arthrosis. In the progress note, dated 5/7/15 the treating provider's plan of care includes a request for Motrin 800 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. An initial physician review concluded that NSAIDs are not supported by MTUS for long-term use. However, MTUS does support ongoing use of NSAIDs if the records document subjective or objective benefit of this medication with a reasonable assessment of long-term benefit vs. risk. The records and clinical history do meet these criteria in this case. The request is medically necessary.