

<b>Case Number:</b>	CM15-0125131		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old female with an industrial injury dated 03/2008 to 02/2010 (cumulative trauma). Her diagnoses included right shoulder impingement, left shoulder impingement, thoracic spine sprain/strain, bilateral elbow medial epicondylitis and bilateral knee Achilles bursitis or tendinitis. Prior treatment included aqua therapy, H-wave, knee braces and medications. She presents on 05/22/2015 with complaints of continued severe bilateral knee pain. Physical exam noted range of motion of bilateral knees was painful with positive crepitus. She walked with a cane. Documentation notes the worker was frustrated that her surgeries for knee replacements are so slow. Treatment plan included to continue with pain medications (Ibuprofen) and topical compounds. Urine toxicology was requested. The report regarding the need for knee surgery was requested and she was to return in 4-6 weeks. The injured worker had been taking Ibuprofen 800 mg for pain (as noted in progress note dated 09/05/2014). This treatment request is for Ibuprofen 800 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Ibuprofen 800mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Ibuprofen 800 is not medically necessary as there is no specification of quantity and the MTUS does not recommend this medication long term.