MAXIMUS Federal Services

Case Number:	CM15-0178412		
Date Assigned:	09/18/2015	Date of Injury:	01/21/2015
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 42 year old male who sustained an industrial injury on 1-21-15. Progress report dated 8-18-15 reports follow up to a sprain injury of the left knee. He is post op, is wearing hinged lock out brace, and reports improvement. He also has complaints of right knee pain worsening with pain ranging between 6-8 out of 10 that wakes him up at night. The pain improves with medication and rest. He is trying to avoid opiates and uses ibuprofen. He has complaints of continued left upper back, neck and shoulder pain with numbness. He is currently in physical therapy for the left knee. Objective findings: right knee has 2+ swelling with tenderness around the knee cap, patellofemoral, and anterior joint lines. Right knee extension is 0 degrees and flexion is 90 degrees limited by pain. Left knee has healing arthroscopic portals and he is able to flex and extend with the brace and he is full weight bearing. Diagnoses include: cervical sprain, left shoulder sprain with probable internal derangement, possible rotator cuff tear and probable old collarbone joint injury, left knee sprain with associated mood disorder, and right knee tendinitis, compensable consequences of the industrial injury with limping compensating for the left knee. Plan of care includes renew ibuprofen 400 mg 1-2 up to 3 times per day, renew prazosin HCL 1 mg one to two three times per day, request hydromorphone HCL 2 mg, request cortisone injection right knee and recommend home. Kenolog injection was provided at this visit with about 70% pain relief. Work status: remain off work he is not permanent and stationary. Follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the subsample the injured workers working diagnoses are cervical sprain; left shoulder sprain; left knee sprain with internal derangement; chronic pain with associated mood disorder; and right knee tendinitis, compensable consequence. Date of injury is January 21, 2015. Request for authorization is August 18, 2015. According to a May 12, 2015 progress notes, medications include ibuprofen 400 mg 1 to 2 tablets TID with food. The start date is not specified in the medical record. According to an August 8, 2015 progress note, subjective complaints included ongoing postoperative knee pain. The injured worker was receiving physical therapy. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Ibuprofen has been prescribed, at a minimum, as far back as May 12, 2015 (three months). The start date is not specified and the total duration of use is not indicated. There is no documentation demonstrating objective functional improvement to support ongoing ibuprofen. The treating provider is requesting ibuprofen 400 mg 1 to 2 tablets TID with food #60. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline recommendations for the lowest dose for the shortest period with continued treatment for an indeterminate period of time and no documentation demonstrating objective functional improvement, ibuprofen is not medically necessary.