

Case Number:	CM14-0147455		
Date Assigned:	09/15/2014	Date of Injury:	06/19/2009
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48-year-old male with a date of injury of 6/19/09. The mechanism of injury was not noted. On 8/19/14, the patient was noted to be on Ibuprofen 800mg three times a day, Norco, and Cymbalta 30mg daily. On 9/16/14, it was noted that the provider was appealing the denial of the Ibuprofen 600mg twice daily. On 8/19/14, he complained of right knee pain and bilateral low back pain. On exam the patient was noted to have restricted range of motion and tenderness to palpation of the right knee. The patient was provided prescriptions for Norco 10/325mg, Ibuprofen 600mg twice a day, and Cymbalta 30mg daily. It was noted that ibuprofen provided a 30% decrease of the patient's inflammatory pain with a 30% improvement of the patient's activities of daily living. The diagnostic impression is right knee degenerative joint disease, lumbar sprain/strain, and status post right knee surgery. Treatment to date: right knee ACL repair 2/2010, cognitive behavioral therapy, medication management. A UR decision dated 8/29/14 denied the request for Ibuprofen 600mg #60. The Ibuprofen 600mg was denied because medical records provided indicate an ongoing prescription for Ibuprofen 800mg since at least 8/30/11. As of 8/19/14, the patient's current medications included Ibuprofen 800mg three times a day. It was noted the patient received a prescription for Ibuprofen 30mg once daily. The submitted request is for Ibuprofen 600mg. Clarification is needed on the dose requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It was noted on 8/19/14 that the patient's current med list included Ibuprofen 800mg three times a day, Cymbalta 30mg daily, and Norco 10/325mg. On 8/19/14, the provider recommended and provided prescriptions for Ibuprofen 600mg twice a day, Cymbalta 30mg daily, and Norco 10/325mg. On 9/16/14 it was noted that the provider was appealing the denial of Ibuprofen 600mg twice a day #60 date of service (DOS) 8/19/14. The Ibuprofen provides 30% decrease of the patient's inflammatory pain with 30% improvement of the patient's activities of daily living such as self-care and dressing. Therefore, request for Ibuprofen 600mg #60 is medically necessary and appropriate.