

Case Number:	CM13-0062504		
Date Assigned:	12/30/2013	Date of Injury:	11/09/2012
Decision Date:	05/21/2014	UR Denial Date:	11/09/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 33-year-old male with a 11/9/12 date of injury. At the time (11/9/13) of the decision for one (1) prescription of Ibuprofen 800mg (between 9/25/13 and 12/19/13) and one (1) routine pre-operative medical work-up to include: CBC, CHEM 7, liver function tests, fasting lipids, international normalized ratio (INR) & electrocardiogram (ECG) (between 9/25/13 and 12/19/13), there is documentation of subjective (left heel and ankle pain) and objective (walking with a limp, pain with heel gaiting, and tenderness over the subtalar joint and talocuboid bone) findings, current diagnosis (status post open reduction internal fixation of left calcaneus), and treatment to date (physical therapy and medications (including ongoing treatment with Ibuprofen)). The medical reports identify an associated request for left calcaneocuboid and subtalar joint repair that was certified/authorized. Regarding one (1) prescription of Ibuprofen 800mg (between 9/25/13 and 12/19/13), there is no (clear) documentation of exacerbations of chronic pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF IBUPROFEN 800MG (BETWEEN 9/25/13 AND 12/19/13):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (NON STEROIDAL ANTI INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identify documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). The Guidelines indicate that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post open reduction internal fixation of the left calcaneus. In addition, there is documentation of ongoing treatment with Ibuprofen. However, despite documentation of subjective findings (left heel and ankle pain), there is no (clear) documentation of exacerbations of chronic pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Ibuprofen 800mg (between 9/25/13 and 12/19/13) is not medically necessary.

ONE (1) ROUTINE PRE-OPERATIVE MEDICAL WORK-UP TO INCLUDE: COMPLETE BLOOD COUNT (CBC), CHEM 7, LIVER FUNCTION TESTS, FASTING LIPIDS, INTERNATIONAL NORMALIZED RATIO (INR) & ELECTROCARDIOGRAM (ECG) (BETWEEN 9/25/13 AND 12/19/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009. Decision based on Non-MTUS Citation NATIONAL COLLABORATING CENTRE FOR ACUTE CARE, PREOPERATIVE TESTS: THE USE OF ROUTINE PREOPERATIVE TESTS FOR ELECTIVE SURGERY: EVIDENCE, METHODS, AND GUIDANCE. LONDON (UK): NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE); 2003 JUN. 108.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PREOPERATIVE LAB TESTING.

Decision rationale: The Official Disability Guidelines indicate that preoperative testing, such as chest radiography, electrocardiography, laboratory testing, and urinalysis are often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of status post open reduction internal fixation of left calcaneus. In addition, there is documentation of an associated request for left calcaneocuboid and subtalar joint repair, which were certified/authorized. Therefore, based on guidelines and a review of the

evidence, the request for one (1) routine pre-operative medical work-up to include: complete blood count (CBC), CHEM 7, liver function tests, fasting lipids, international normalized ratio (INR) & electrocardiogram (ECG) (between 9/25/13 and 12/19/13) is medically necessary.