

<b>Case Number:</b>	CM13-0062713		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old male with an injury date of 07/17/12. Based on the 09/27/13 progress report provided by [REDACTED] the patient complains of left shoulder pain. He has trigger point in the rhomboid muscle. The patient complains of circumferential right wrist pain and right ulnar wrist pain, as well as stiffness and loss of motion in his right wrist. "He describes the pain in his right wrist as sharp and stabbing but also at times has an electrical shocking pain and at times has a numb sensation in the ulnar aspect of the right hand but not into the fingers of the right hand." He also has right lower back pain, right buttock pain, right lateral thigh pain, and right anterior groin pain which radiates down his right leg and involves all 5 toes of his right foot. His diagnoses include the following: Chronic right wrist strain Chronic lower back and hip strain [REDACTED] is requesting for Ibuprofen 600 mg #90 (take 1 3x/day). The utilization review determination being challenged is dated 11/20/13. [REDACTED] is the requesting provider, and he provided four treatment reports from 01/23/13, 07/19/13, 08/26/13, and 09/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 600MG #90 TAKE 1 3X/DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** According to the 09/27/13 report by [REDACTED], the patient presents with left shoulder pain, right lower back pain, right buttock pain, right lateral thigh pain, and right anterior groin pain which radiates down his right leg and involves all 5 toes of his right foot. The request is for Ibuprofen 600 mg #90 (take 1 3x/day) for pain. MTUS page 22 states Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The patient has been taking Ibuprofen since at least 01/23/13. It appears as though the provider has prescribed Ibuprofen for a long-term basis, which is not within MTUS guidelines. MTUS page 60 also requires documentation of pain and function when medications are used for chronic pain. Due to lack of documentation, this request is not medically necessary.