

<b>Case Number:</b>	CM14-0139667		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of August 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; open reduction and internal fixation of the radial fracture; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and reported return to regular duty work. In a Utilization Review Report dated July 25, 2014, the claims administrator reportedly denied a request for ibuprofen. The claims administrator stated that the attending provider had failed to provide "any documentation of significant derived benefit" through prior usage of ibuprofen. In a March 21, 2014 progress note, the applicant reported persistent dull wrist pain with associated postoperative stiffness. The applicant was reportedly returned to regular duty work, although it was acknowledged that the applicant was a seasonal employee and not presently working. The applicant was asked to continue increasing activities as tolerated. The applicant did state that she believed she would be able to return to work during the farming season.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22,.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, in this case, the applicant has chronic, low-grade wrist pain following an earlier wrist ORIF surgery to ameliorate a radial fracture. The applicant's favorable work status (regular duty work) and reports of low-grade residual wrist pain with improving strength, taken together, do suggest that ongoing usage of ibuprofen has been effective here. Therefore, the request is medically necessary.