

Case Number:	CM14-0164834		
Date Assigned:	10/09/2014	Date of Injury:	10/04/2013
Decision Date:	11/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of October 4, 2013. A utilization review determination dated September 30, 2014 recommends noncertification of vitamin C and noncertification of ibuprofen. A progress report dated August 4, 2014 identifies subjective complaints indicating that the patient is improving. Physical examination identifies dorsiflexion to 10 and plantar flexion to 20 . The patient still has significant stiffness and discomfort with mild swelling. The treatment plan recommends one more course of therapy for 6 weeks and considers hardware removal. A progress report dated July 17, 2014 recommends "remain off and said at this time because it appears and says may have caused some nausea."

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin C 500 Mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

Decision rationale: Regarding the request for Vit C, California MTUS and ACOEM and ODG do not contain criteria for vitamin C. Guidelines state that medical foods should be used to treat a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, there is no indication that this patient has a vitamin C deficiency, and would therefore need vitamin C supplementation. In the absence of such documentation, the currently requested vitamin C is not medically necessary.

Ibuprofen 600 Mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, it appears the patient suffered intolerable side effects from this medication previously. In the absence of clarity regarding those issues, the currently requested ibuprofen is not medically necessary.