

<b>Case Number:</b>	CM14-0046126		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Montana. 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 injured worker has a date of injury of 8/19/03, resulting from a slip and fall. The medical records were reviewed. She has ongoing complaint of severe neck, head, bilateral shoulder and scapular, bilateral arm, thoracic, lumbar and bilateral leg pain. Cervical MRI on 8/9/11 showed diffuse spondylosis with no spinal cord or nerve root compression. Lumbar MRI on 11/10/11 showed grade II L4 on L5 spondylolisthesis with pars defect and L3 on L4 spondylolisthesis. X-rays showed moderate to severe osteoarthritis. Electrodiagnostic testing of the upper extremities on 9/23/13 showed slight bilateral carpal tunnel syndrome without plexopathy or radiculopathy. Testing of the lower extremities on the same date showed a left superficial peroneal nerve entrapment with no plexopathy or radiculopathy. She currently has diagnoses of myalgia/myositis, cervical spondylosis and sacrococcygeal arthritis. The medical records showed that she is currently using Ibuprofen 400 mg twice daily for at least 1 month. The primary treating physician has requested Ibuprofen 600 mg 3 times a day #390 and surgical consult, with no specific body part identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg, #390:** Upheld

**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): 67-68, 72.

**Decision rationale:** Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS states that non-steroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. For mild to moderate pain at a dose of 400 mg by mouth every 4-6 hours as needed is recommended. For osteoarthritis doses of 1200 mg to 3200 mg daily may be used. Doses should not exceed 3200 mg per day. The medical records note that Ibuprofen has been used at a dose of 400 mg twice daily for at least 30 days. The MTUS does recommend use at the lowest dose and for the shortest duration possible. In this case the request for Ibuprofen, 600 mg 3 times a day, #390, is not consistent with the MTUS recommendations and is not medically necessary.

**Surgical consult (orthopedic surgeon):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Pain Chapter, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The MTUS, in The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines for Independent Medical Examinations and Consultations, recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. The ACOEM guidelines note that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation service is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the medical records note that the surgical consultation is requested for the diagnosis of myositis/myalgia unspecified with no specific body part identified and no clear surgical indications noted in the medical record. As such, the request for surgical consultation with an orthopedic surgeon cannot be determined to be medically necessary.

