

<b>Case Number:</b>	CM15-0008403		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33-year-old male injured worker suffered and industrial injury on 11/21/2012. The diagnoses were laceration of the flexor tendons and partial laceration of the radial artery and median nerve spasm of the muscle, disturbance of skin sensation and injury to nerves. The diagnostics were electromyography and magnetic resonance imaging. The treatments were medications, occupational therapy and surgical intervention. The treating provider reported the injured worker stated the pain was rated as 7 to 8/10 with tingling and numbness of the fingers of the left hand. The injured worker reported stiffness and motion loss fingers and wrist, decreased strength, swelling, night pain, twitching of the muscles, dropping of items with difficulty pinching and grasping. The Utilization Review Determination on 12/15/2014 non-certified ibuprofen 800mg #60 with 1 refill, citing MTUS Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60, with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** The injured worker is being treated for chronic pain secondary to a left upper extremity injury. He is being treated with gabapentin 600 mg twice daily and ibuprofen 800 mg twice daily. MTUS guidelines recommends dosing ibuprofen at the lowest possible dose recognizing that there is a range of dosing but generally 400 mg every 4-6 hours as recommended for mild-to-moderate pain. Request for ibuprofen 800 mg twice daily with 1 refill would not allow for adequate evaluation of the lowest possible dose and is therefore not medically necessary.