

Case Number:	CM15-0016710		
Date Assigned:	02/05/2015	Date of Injury:	02/01/2013
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is a 49 year old male, who sustained an industrial injury on February 1, 2013. He has reported injury from an assault. The diagnoses have included status post blunt head trauma with associated cephalgia, cervical spine sprain/strain, thoracic strain, status post lumbar fusion with status post hardware removal aggravated by industrial assault, bilateral shoulder sprain, right wrist sprain, right knee sprain, posttraumatic stress disorder and facial trauma. Treatment to date has included medication, heat, cortisone injection to the right knee and psychological treatment. On December 22, 2014, notes indicated that injured worker was authorized for physical therapy for the right knee but it was unclear whether he started any sessions. Currently, the injured worker complains of persistent pain in his neck, lower back pain, left wrist, right knee and bilateral hip pain. The pain is made better with rest and medications and worse with colder weather and activities. On January 7, 2015, Utilization Review non-certified Ibuprofen 800mg #90, noting the CA MTUS Guidelines. On January 29, 2015, the injured worker submitted an application for Independent Medical Review for review of Ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #90 Tablets, 1 Tab by Mouth Every 8 Hours with Food As Needed:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800mg #90 is not medically necessary.