

Case Number:	CM15-0017492		
Date Assigned:	02/05/2015	Date of Injury:	01/13/2012
Decision Date:	04/20/2015	UR Denial Date:	12/30/2014
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 29-year-old female with an industrial injury dated 01/13/2012. Her diagnoses include crush injury; status post immobilization injury left foot, and reflex sympathetic dystrophy. Recent diagnostic testing has included x-rays of the left foot (12/05/2013) mild hyperthermia in the left ankle and foot with mildly increased bony uptake. She has been treated with medications, spinal injections, and electrical stimulation. In a progress note dated 12/11/2014, the treating physician reports increased pain with vibration (car, fans, bed), a pain rating of 10/10 and described as burning. The objective examination revealed dusky skin color to the left foot with some noted redness and slight edema, Sudomotor changes; perspiration to the planta surface of the left foot, rough, coarse and trophic skin texture to the left foot, joint stiffness and decreased passive range of motion in the left foot/toes, mild changes in the nail beds of the left toes, and an left antalgic gait with use of cane. The treating physician is requesting ibuprofen which was denied by the utilization review. On 12/30/2014, Utilization Review non-certified a prescription for ibuprofen 800mg #60 with no refills, noting the lack of specific objective measurable functional improvement. The ODG Guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of ibuprofen 800mg tablets #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tables QTY: 60, refills: 0: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22, 67-70 of 127..

Decision rationale: Current guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. In terms of treatment of the hand, it should be noted that there are no placebo trials of efficacy and recommendations have been extrapolated from other joints. The selection of acetaminophen as a first-line treatment appears to be made primarily based on side effect profile in osteoarthritis guidelines. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis in terms of pain reduction, global assessments and improvement of functional status. I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Ibuprofen is indicated for the injured worker's severe pain. The request is medically necessary.