MAXIMUS Federal Services

Case Number:	CM15-0141710		
Date Assigned:	07/31/2015	Date of Injury:	12/01/2014
Decision Date:	08/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/21/2015

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, 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 was a 49 year old female, who sustained an industrial injury, December 1, 2014. The injured worker previously received the following treatments Motrin, 6 sessions of physical therapy and home exercise program. The injured worker was diagnosed with right ankle sprain, third toe fracture, Morton's neuroma, right hip strain or sprain secondary to altered gait due to compensatory. According to progress note of June 25, 2015, the injured worker's chief complaint was right ankle and right foot pain. The pain was rated at 5-6 out of 10, with pain medication and 6 without pain medication. The pain was described as moderate, intermittent numbness and weakness. The injured worker was having right hip pain due to antalgic gait from the right ankle injury. The physical exam noted moderate swelling of the right foot. There was tenderness of the medial and lateral joint. There was decreased range of motion to the right ankle. The right hip had slight tenderness of the greater trochanter. There was decreased range of motion. The treatment plan recommends starting Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

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 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 some indication of analgesic efficacy from this medicine. Of course, to support its ongoing use at high dose, there should be better documentation of objective functional improvement and informed consent with the patient regarding the risks of this medication. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Motrin (ibuprofen) is medically necessary.