

Case Number:	CM15-0141910		
Date Assigned:	07/31/2015	Date of Injury:	09/21/2001
Decision Date:	09/21/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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 injured worker is a 59 year old female, who sustained an industrial injury on 9-21-2001. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include knee pain, lumbar disc degeneration, Reflex Sympathetic Dystrophy (CRPS), myalgia and myositis, lumbar disc displacement without myelopathy, anxiety and depression. Currently, she complained of CRPS symptoms in the lower extremity and low back pain. The records indicated a decreased in Norco to three tablets a day and Valium twice a day. On 7-10-15, the physical examination documented a forward flexed body posture and antalgic gait favoring the left side. The plan of care included a prescription for Ibuprofen 800mg, one tablet twice a day, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tablet, #60 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered enabling the patient to continue weaning off of Norco from 8 tablets per day down to 3-4 per day for the chronic CRPS diagnosis. Further evaluation for future request will require continued functional benefit. The Ibuprofen 800mg tablet, #60 with 0 refills is medically necessary and appropriate.