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| <b>Case Number:</b>   | CM15-0144171 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 03/01/2009 |
| <b>Decision Date:</b> | 09/25/2015   | <b>UR Denial Date:</b>       | 07/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 50 year old female injured worker suffered an industrial injury on 3-1-2009. The diagnoses included chronic regional pain syndrome. The treatment included medications, nerve blocks and spinal cord stimulator. On 6-24-2015, the treating provider reported right upper extremity pain. She reported more foot swelling and pain to the point of inability to walk. She was living on the 3rd floor without an elevator and was unable to leave her apartment. It was rated 10 out of 10 and varies down to 8 out of 10. The pain was located in the right wrist and forearm to the collar bone with occasional left arm pain. She reported pain from the up to the groin bilaterally that is constant. She reported paresthesia, sweating, spasms, weakness and discoloration. The injured worker had not returned to work. The requested treatments included Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg, three times per day as needed for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; NSAIDs (non-steroidal anti-inflammatory drugs); Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 67-68.

**Decision rationale:** All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case the documentation doesn't support that the patient has been treated with the lowest possible dose for the shortest period of time. The documentation doesn't support that the patient has had significant functional improvement while taking this medication and therefore is not medically necessary.