

Case Number:	CM15-0146847		
Date Assigned:	08/07/2015	Date of Injury:	04/23/2013
Decision Date:	09/04/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
 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 injured worker is a 47-year-old female who sustained an industrial injury on 4-23-2013. She has reported pain and has been diagnosed with dystrophy reflex sympathy, chronic pain syndrome, and amputation finger-right 3rd, status post reattachment with DIP fusion. Treatment has included a spinal cord stimulator, medications, and surgery. The injured worker was grossly normal and non-antalgic. She had ambulated into the room without any assistance. The treatment plan included spinal cord stimulator adjustments and medications. The treatment request included Ibuprofen 800 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 (long term medication): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #60 (long-term medication) is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in a knock at all terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy I; chronic pain syndrome; and amputation right third finger, status post reattachment with DIP fusion. The documentation indicates ibuprofen 800 mg b.i.d. was described as far back as May 1, 2015 progress note. The start date is not specified as to the total duration of ibuprofen 800 mg. The injured worker's pain score is 8/10. There is no documentation in the medical record indicating why long-term non-steroidal anti-inflammatory drugs are indicated. Additional current medications include fentanyl, Percocet, Flexeril, Gabapentin, Cymbalta and Omeprazole. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There has been no attempt at weaning of ibuprofen 800 mg. The documentation does not demonstrate objective functional improvement to support ongoing ibuprofen. Consequently, absent clinical documentation demonstrating objective functional improvement, weaning of ibuprofen and a clinical rationale for long-term use of non-steroidal anti-inflammatory drugs, ibuprofen 800 mg #60 (long-term medication) is not medically necessary.