

Case Number:	CM15-0166445		
Date Assigned:	09/04/2015	Date of Injury:	06/17/2010
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic groin, hip, and leg pain reportedly associated with an industrial injury of June 17, 2010. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for ibuprofen (Motrin). The claims administrator referenced an RFA form received on August 4, 2015 in its determination. The applicant's attorney subsequently appealed. On July 27, 2015 the applicant reported ongoing complaints of hip, groin, and knee pain. The note was difficult to follow and mingled historical issues with current issues. 8/10 pain complaints were reported. The applicant had undergone two prior hip bursectomy procedures, it was reported. The claimant had physical therapy and manipulative therapy, it was reported. The applicant had difficulty walking beyond 100 feet secondary to pain, it was acknowledged. Acupuncture, psychotherapy, and manipulative therapy were endorsed. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue using Opana, Opana extended release, and Motrin. It was further noted that the claimant had unspecified renal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, 1 tablet every 8 hours, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations and by commentary made on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the claimant remained off of work, on total temporary disability, it was acknowledged on July 27, 2015. The applicant was having difficulty walking beyond 100 feet, it was reported on that date. Ongoing usage of ibuprofen failed to curtail the applicant's dependence on opioid agents such as Opana and Opana extended release, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. The attending provider did not, furthermore, state why he continued to prescribe NSAIDs such as ibuprofen if the applicant in fact had issues with nephropathy present. Therefore, the request was not medically necessary.