

Case Number:	CM15-0166844		
Date Assigned:	09/04/2015	Date of Injury:	02/26/2013
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 30 year male who sustained an industrial injury on 2-26-2013. He was stacking beer from the pallet and injured his back and neck. He has reported left leg pain in the ankle, medial leg, and left knee extending up to the left hip area. He also reported low back pain and has been diagnosed with status post significant traumatic injury to the left leg requiring multiple surgeries and skin and muscle grafting over the left medial leg as well as internal and external fixation of the compound fracture of the left ankle, tibia, and fibula and compensable consequence of lumbar strain right greater than left. Treatment has included medications, medical imaging, surgery, and physical therapy. There was a surgical scar to the left lower extremity. There was tenderness over the peripatellar, medial, and lateral joint line region. On palpation, there was tenderness of the anterior lateral hip. Palpation of the paralumbar muscles showed muscle spasm or tightness greater on the right than the left side. There was decreased range of motion of the lumbar spine. The treatment plan included medications and chiropractic care. The treatment request included Ibuprofen 800 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg TID PRN quantity of 90 with food: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: Per the guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status specifically related to NSAIDs or a discussion of side effects to justify use. The medical necessity of ibuprofen is not substantiated in the records. Therefore, the request is not medically necessary.