

Case Number:	CM15-0167302		
Date Assigned:	09/08/2015	Date of Injury:	09/24/2013
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 31 year old male sustained an industrial injury to the left ankle on 9-24-13. Magnetic resonance imaging left ankle (3-17-14) showed synovial cysts along the flexor hallucis longus tendon with tibialis posterior tendinopathy, bone contusions or microtrabecular fractures of the talus and calcaneus and a large quantity of joint fluid. Previous treatment included physical therapy, injections and medications. In an orthopedic evaluation dated 2-2-15, the injured worker complained of left ankle pain rated 5 to 6 out of 10 on the visual analog scale. The injured worker received a prescription for Ibuprofen with two refills. In an orthopedic evaluation dated 7-15-15, the injured worker complained of left ankle pain, rated 6 out of 10, with aching and tingling. The injured worker stated that if he walked for any length of time, the left ankle started to swell. Physical exam was remarkable for left ankle with decreased range of motion but no edema, redness or bony deformity. The injured worker could not flex or extend the great toe. Sensation of the great toe was impaired. The injured worker walked with a non-antalgic gait. Current diagnoses included left ankle paresthesias, left ankle sprain and strain, left ankle tendinitis and neurapraxia left great toe. The treatment plan consisted of a prescription for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg Qty 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation of objective functional benefit with prior use of this medication. There is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 800mg #90 with 2 refills is not medically necessary.