

Case Number:	CM15-0168911		
Date Assigned:	09/01/2015	Date of Injury:	10/01/2008
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 56 year old female with an industrial injury dated 10-01-2008. The injured worker's diagnoses include closed fracture of shaft of fibula, disorder of bursa of shoulder region, hip pain and knee pain. Treatment consisted of diagnostic studies, multiple surgeries, prescribed medications, and periodic follow up visits. In a progress note dated 07-21-2015, the injured worker reported right sided hip, right knee and right lower extremity pain. The injured worker also reported right shoulder girdle pain and right upper extremity pain with associated weakness and numbness. Objective findings revealed antalgic gait favoring right lower extremity, diffuse pain and subjective weakness over the entire right upper extremity, hyperesthesia in the radial and median nerve distribution of the wrist and hand on the right, crepitus in the right knee, and pain with palpitation on the lateral aspect of the right hip and buttock. The treatment plan consisted of right upper extremity electromyography (EMG), orthopedic consultation, physical therapy and psychology evaluation. The treating physician prescribed Ibuprofen 600mg #90 with 5 refills, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 with 5 refills: Upheld

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

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 600mg #90 with 5 refills 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 terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are closed fracture fibula shaft; disorder of bursa shoulder region; hip pain; and knee pain. Date of injury is October 1, 2008. Request authorization is July 24, 2015. The earliest progress note containing a non-steroidal anti-inflammatory drug is dated May 27, 2015 (Zorvolex). According to the most recent progress note dated July 21, 2015, the treating provider started ibuprofen. Subjective complaints include right shoulder pain, right elbow, hip and knee pain and lower limb pain. Ibuprofen was prescribed for the first time in the July 21, 2015 progress note. Although ibuprofen is clinically indicated, five refills are not clinically indicated without documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for five ibuprofen refills without documentation of objective functional improvement, Ibuprofen 600mg #90 with 5 refills is not medically necessary.