

Case Number:	CM15-0183365		
Date Assigned:	09/24/2015	Date of Injury:	04/11/2005
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 34 year old male, who sustained an industrial injury on 4-11-2005. The injured worker was being treated for brachial plexus lesions, pain in joint unspecified, pain in joint involving hand and upper arm, and myofascial pain syndrome FMS (Fibromyalgia Pain Syndrome). On 9-6-2015, the injured worker reported ongoing pain from the waist up with associated numbness and tingling in the bilateral upper extremities, particularly with overhead reaching motions, numbness of the upper back and bilateral feet, and continued frequent muscle spasms in the cervical and periscapular regions. His pain is rated 6 out of 10. Current medications include Neurontin, Baclofen, and Norco. He reported a 60% decrease in pain with his current medications. Per the treating physician (9-6-2015 report), the injured worker has not taken Ibuprofen for 6 months due to denial. The physical exam (9-6-2015) did not include documentation of musculoskeletal assessment, neurological, or motor assessments. The injured worker was able to rise from a seated position without difficulty and he had a non-antalgic gait. The injured worker did not use an assistive device to ambulate. Diagnostic studies were not included in the provided medical records. Treatment has included cognitive behavioral therapy and medications including pain (Norco), anti-epilepsy (Neurontin), muscle relaxant (Baclofen), proton pump inhibitor (Prilosec), anti-migraine (Imitrex), and non-steroidal anti-inflammatory (Ibuprofen). The requested treatments included Ibuprofen 800 mg #90 with 1 refill. On 9-15-2015, the original utilization review non-certified a request for Ibuprofen 800 mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Ibuprofen 800 mg #90 with 1 refill, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale). In the absence of such documentation, the currently requested Ibuprofen 800 mg #90 with 1 refill is not medically necessary.