

<b>Case Number:</b>	CM15-0195275		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female, who sustained an industrial injury on 6-27-2011. The medical records indicate that the injured worker is undergoing treatment for right elbow medial and lateral epicondylitis, status post right lateral epicondylectomy with debridement (6-14-2012), and right elbow cubital tunnel syndrome. According to the progress report dated 9-8-2015, the injured worker presented with complaints of right elbow pain. On a subjective pain scale, she rates her pain 7 out of 10. This is slightly increased over the value (6 out of 10) given on 7-28-2015. The physical examination of the right upper extremity reveals moderate tenderness to palpation over the lateral epicondyle, tenderness to percussion over the cubital tunnel, and decreased and painful range of motion. The current medications are Tramadol and Ibuprofen (since at least 3-16-2015). Previous diagnostic studies include MRI of the right elbow. Treatments to date include medication management, physical therapy, injections, and surgical intervention. Work status is described as "returned to work on 9-8-2015 with restrictions". The original utilization review (9-25-2015) had non-certified a request for Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Based on the 7/28/15 progress report provided by the treating physician this patient presents with right elbow pain rated 6/10. The treater has asked for Ibuprofen 800MG #30 on 9/8/15. The patient's diagnoses per request for authorization dated 9/8/15 are right elbow medial epicondylitis clinically, right elbow lateral epicondylitis clinically, and right elbow cubital tunnel syndrome. The patient is s/p pain management evaluation and is authorized for a right dorsal ganglion injection per 9/8/15 report. The patient is currently using Tramadol and Ibuprofen per 9/8/15 report. The patient has returned to work with restrictions but if employer cannot accommodate, is to be placed back on temporarily totally disability per 9/8/15 report. MTUS, Anti-inflammatory medications Section, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" The patient has been prescribed Ibuprofen since at least 3/16/15, and is using the medication in reports dated 6/30/15, 7/28/15, and 9/8/15. However, the treater has not documented how Ibuprofen has been effective in management of pain reduction and functional improvement with specific examples. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request for continued use of Ibuprofen cannot be substantiated. Hence, the request is not medically necessary.