

Case Number:	CM15-0203721		
Date Assigned:	10/20/2015	Date of Injury:	05/17/2011
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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, who sustained an industrial injury on 5-17-2011. The medical records indicate that the injured worker is undergoing treatment for ankle sprain, Achilles tendinitis, pain in the upper and-or lower extremity, myofascial pain, and chronic regional pain syndrome. According to the progress report dated 9-21-2015, the injured worker presented with complaints of constant right ankle and foot pain. On a subjective pain scale, she rates her pain 6 out of 10. The physical examination reveals extreme tenderness upon mild palpation over the anterior bilateral ankle with some swelling. There is skin color changes noted in the right foot. The current medications are Ibuprofen (since at least 3-12-2015), Lidopro ointment, Omeprazole, and Lunesta. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, supportive shoes, orthotics, home exercise program, paraffin wax bath, TENS unit, and right foot injection. Work status is described as modified duty. The original utilization review (10-2-2015) had non-certified a request for Ibuprofen 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #60 is not medically necessary. Nonsteroidal 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 nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal 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 ankle sprain; Achilles tendinitis; pain extremity lower and upper; myofascial pain; and sleep issue/CRPS. Date of injury is May 17, 2011. Request for authorization is September 15, 2015. According to a March 12, 2015 progress note, ibuprofen 800 mg refill that time. The pain score is 5/10. Start date for a profit is not specified in the record. According to a September 21, 2015 progress note, subjective complaints include right ankle and foot pain 6/10 and additional multiple injuries including neck and back pain. The injured worker admits to difficulty tolerating nonsteroidal anti-inflammatory drugs. Objectively, the ankle is guarded with tenderness to palpation of the Antero lateral ankle. The documentation does not demonstrate objective functional improvement. The start date of ibuprofen is not specified. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Ibuprofen has been continued in excess of six months (at a minimum) at ibuprofen 800 mg. There is no documentation indicating an attempt to wean the nonsteroidal anti-inflammatory drug. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective improvement while on ibuprofen, no documentation demonstrating objective functional improvement to support ongoing ibuprofen and no attempt at weaning, ibuprofen 800mg #60 is not medically necessary.