

Case Number:	CM15-0205009		
Date Assigned:	10/21/2015	Date of Injury:	03/01/2009
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained an industrial injury on March 1, 2009. She reported injury to her right upper extremity. The injured worker was currently diagnosed as having acute pain of right wrist, complex regional pain syndrome, reflex sympathetic dystrophy of the upper limb and reflex sympathetic dystrophy of the lower limb. Treatment to date has included diagnostic studies, right hand injections without benefit, psychiatric treatment and therapy, right stellate ganglion nerve blocks without benefit and medication. On September 28, 2015, the injured presented for a follow-up visit for the right wrist and arm. She stated that she felt the same since the last visit with pain rated as a 9 on a 1-10 pain scale. She was noted to be wheelchair bound. Physical examination revealed pain and tenderness on palpation of the shoulder, right arm and all other body areas. She was noted to have an implanted spinal cord stimulator with several medications which were of benefit. The treatment plan included medications, follow up on request for daily living needs, physical therapy and a follow-up visit. On October 14, 2015, utilization review denied a request for ibuprofen 800mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #120, 1 tablet twice daily: 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).

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication long term since 2011. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.