

<b>Case Number:</b>	CM15-0208855		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury on September 13, 2011. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for ibuprofen. An RFA form dated September 24, 2015 was referenced in the determination. The full text of the UR report was not, it is incidentally noted, attached to the application. The applicant's attorney subsequently appealed. On October 21, 2015, the applicant reported ongoing complaints of ankle pain reportedly imputed to Complex Regional Pain Syndrome (CRPS). The applicant reported a recent flare in pain complaints. 8-9 pain complaints were reported. The applicant was using Lyrica, Zantac, Lidoderm, and Motrin, stated in one section of the note and Norco, Lyrica, and Zantac stated in another section of the note. The applicant was returned to regular duty work. The attending provider contended that the applicant's medications were allowing the applicant to maintain appropriate function, including work. The applicant was returned to regular duty work. On September 23, 2015, 6/10 pain complaints were noted. The attending provider contended that combination of Lyrica, Lidoderm, Zantac, and Motrin had attenuated the applicant's pain complaints. The applicant was, once again, returned to regular work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

**Decision rationale:** Yes, the request for ibuprofen (Motrin), an NSAID medication, was medically necessary, medically appropriate, and indicated here. As noted on page 41 of MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are a recommended medication class for applicants who carry diagnosis of Complex Regional Pain Syndrome (CRPS), as was reportedly present on or around the date in question, September 23, 2015. Said September 23, 2015 office visit stated that the applicant was deriving appropriate analgesia with ongoing medication consumption, including ongoing ibuprofen usage, and had, moreover, demonstrated prima facie evidence of functional improvement as defined in MTUS 9792.20 as evinced by her successful return to maintenance of full-time, regular duty work status. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.