

Case Number:	CM14-0215232		
Date Assigned:	01/02/2015	Date of Injury:	05/25/1995
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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, Hawaii
 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 patient is a 49-year-old female with 5-25-95 date of industrial injury. The 10/28/14 attending physician report indicates that the patient suffered traumatic tibia and fibula fracture in 1985, complicated by prolonged peroneal nerve compression. She underwent decompression in 1996. She has since experienced neuropathic pain. She was subsequently diagnosed with reflex sympathetic dystrophy. She has recently reduced her opiate dose by approximately 75%. The attending physician report dated 11/25/14 (29) describes right sided severe neck pain which has not changed since last visit. Pain is graded 8/10. Pain interferes severely with ADLs. The patient denied any significant side effects related to the current medications and feels they are absolutely necessary for overall functionality and quality of life. Current medications include Lidoderm patches, Ibuprofen, and Oxycontin 20mg twice daily. The current diagnoses are: 1. Neuropathic right lower extremity pain. 2. Nerve susceptible right lower extremity pain. 3. Myofascial pain. The utilization review report dated 11/26/14 denied the request for Ibuprofen 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-71.

Decision rationale: The patient presents with chronic neuropathic pain in the lower extremities and neck pain. The current request is for Ibuprofen 600 mg #60. The treating physician states that the patient has done well with her current medications and feels they are absolutely necessary for overall functionality and quality of life. The MTUS guidelines does recommend NSAIDS for mixed conditions such as osteoarthritis and neuropathic conditions for breakthrough pain. In this case, the treating physician has documented chronic pain with a neuropathic component. There has been no history of negative GI events and the patient has been reducing her opiate dose by 75%. As such, the current request is medically necessary and the recommendation is for authorization.