

<b>Case Number:</b>	CM15-0017838		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 71 year old female with an industrial injury dated September 11, 2007. The injured worker diagnoses include depressive disorder and anxiety with panic episodes, severe sprain, tendinitis and reflex sympathetic dystrophy of the right ankle and foot, contusion sprain of right shoulder, wrist, knee, hip and osteoarthritis, and internal derangement of the right knee. She has been treated with radiographic imaging, diagnostic studies, prescribed medication, consultation and periodic follow up visits. According to the progress note dated 11/18/2014, the treating physician noted right ankle pain and swelling, positive sensory deficit in bilateral upper extremities, lower back pain, and balanced problems. Documentation noted that the injured worker uses a cane. MRI of the right ankle on 7/24/2014 was noted to be negative for fracture, masses or cyst. The treating physician prescribed Ibuprofen 600 mg # 60, two refills now under review. The claimant had been on Ibuprofen since at least 2009. Utilization Review determination on January 5, 2015 denied the request for Ibuprofen 600 mg # 60, two refills, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg # 60, two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had been on Ibuprofen for over 5 years. Vas scores were not provided. Continued use of Ibuprofen is not medically necessary.