

<b>Case Number:</b>	CM15-0129804		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/13/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female, who sustained an industrial injury on 4/13/14. The injured worker has complaints of bilateral elbow and wrist pain. The documentation noted that the injured worker continues to experience a great deal of pain along the medial and lateral epicondyle and continues to experience a great deal of pain over the lateral forearm. The documentation noted that there is tenderness to palpation over the medial and lateral elbow bilaterally and tenderness to palpation over the lateral aspect of the forearms. The diagnoses have included bilateral wrists arthrosis and bilateral medial and lateral epicondylitis. Treatment to date has included electromyography/nerve conduction study; ibuprofen; X-rays of the right elbow and upper extremity; magnetic resonance imaging (MRI) of the right elbow and upper extremity and injections into the right elbow and occupational therapy. The request was for ibuprofen 800mg three times as needed #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg tid prn #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work-related injury in April 2014 and continues to be treated for bilateral elbow and wrist pain. When seen, she was having right elbow medial and lateral epicondyle pain and forearm pain. Pain was rated at 3-8/10. There was bilateral elbow and lateral forearm tenderness. There was wrist crepitus with range of motion and decreased grip strength. Ibuprofen was prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.