

Case Number:	CM15-0065553		
Date Assigned:	04/13/2015	Date of Injury:	09/03/2008
Decision Date:	05/15/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker (IW) is a 55 year old female who sustained an industrial injury on 09/03/2008. She reported pain in the neck, left wrist, lower back, bilateral legs and knees. The injured worker was diagnosed as having brachial neuritis or radiculitis not otherwise specified, cervicgia, lumbar disc displacement without myelopathy, spasm of muscle. Treatment to date has included a right knee medial meniscetomy on 09/13/12 and left carpal tunnel release on 02/04/2014. Currently, the injured worker complains of pain in her back wrists and knees. The current treatment plan includes the medications of Ibuprofen and Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 Mg #90: Upheld

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.

Decision rationale: Guidelines recommend that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, documentation is lacking

regarding functional improvement and there is no documentation of medical necessity for long-term use of an NSAID. The request for Ibuprofen 800 mg #90 is not medically necessary and appropriate.