

<b>Case Number:</b>	CM15-0099546		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/16/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: California  
 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 is a 59-year-old female, who sustained an industrial injury on 3/16/14. She has reported initial complaints of left leg/foot and back injuries. The diagnoses have included contusion of the left anterior leg and contusion/crush injury dorsal left foot; plantar fasciitis left foot, lumbosacral spine sprain, radiculopathy, and knee sprain rule out internal derangement to the left knee. Treatment to date has included medications, ice, activity modifications, off work, conservative care, diagnostics and home exercise program (HEP). Currently, as per the physician progress note dated 4/16/15, the injured worker complains of slight low back pain and increased anxiety. It is noted by the physician that the podiatry care effect of the left ankle/foot and toe is that the range of motion is increased. The objective findings reveal that she walks with a limp, there is increased toe range of motion now, she is improving and she is able to heel walk but unable to toe walk. The current medications included Ibuprofen and Omeprazole. The treatment plans were pending report on left foot Magnetic Resonance Imaging (MRI) the physician noted that they were waiting for approval on orthosis as she is unable to tolerate closed shoes. She will follow up with podiatrist in 6 weeks, she will need psyche care and encouraged to increase home exercise program (HEP). Work status is to remain off work for 6 weeks. The physician requested treatment included Ibuprofen 800 mg quantity of 60 (retrospective DOS 4/16/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg Qty 60 (retrospective DOS 4/16/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil (otc), generic available).

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

**Decision rationale:** The requested Ibuprofen 800 mg Qty 60 (retrospective DOS 4/16/2015), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has slight low back pain and increased anxiety. It is noted by the physician that the podiatry care effect of the left ankle/foot and toe is that the range of motion is increased. The objective findings reveal that she walks with a limp, there is increased toe range of motion now, she is improving and she is able to heel walk but unable to toe walk. The current medications included Ibuprofen and Omeprazole. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800 mg Qty 60 (retrospective DOS 4/16/2015) is not medically necessary.