

<b>Case Number:</b>	CM14-0148375		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old female who reported an injury due to continuous trauma on 03/28/2013. On 08/18/2014 her diagnoses included: continuous trauma with repetitive base tendonitis in the upper and lower extremities, with cervical spine sprain/strain, rule out left upper extremity cervical radiculopathy versus compression neuritis; lumbar spine sprain/strain with left lower extremity lumbar radiculopathy, rule out herniated nucleus pulposus; and moderate to severe anxiety and depression with recent reports of chest pain which was diagnosed as an anxiety reaction. Her complaints included occasional to frequent mild neck pain aggravated with sudden or repetitive movements, or looking up and down. She reported that her medications helped her pain, but that was not quantified. Her medications included Flexeril 7.5 mg, Prilosec 20 mg and Menthoderm cream. A urine drug screen on 06/27/2014, revealed no aberrant drug taking behavior. There was no rationale included in this injured worker's chart. A Request for Authorization dated 08/18/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill: Ibuprofen 800 mg with 3 additional refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The request for refill: Ibuprofen 800mg with 3 additional refills available unknown quantity and frequency is not medically necessary. The California MTUS Guidelines recommends NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis and off label for ankylosing spondylitis. There is no indication in the submitted documentation that this injured worker had any of the above 3 diagnoses. Additionally, there was no quantity or frequency of administration included in the request. Therefore, this request for refill: Ibuprofen 800mg with 3 additional refills available unknown quantity and frequency is not medically necessary.

**Urine Toxicology RTC/PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Urine Toxicology RTC/PRN is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction or poor pain control. It was not documented that the injured worker had any aberrant drug related behaviors including a previous urine drug screen. Therefore, this request for Urine Toxicology RTC/PRN is not medically necessary.