

Case Number:	CM13-0025988		
Date Assigned:	11/22/2013	Date of Injury:	09/13/2012
Decision Date:	08/01/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine 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 patient is a 62 year-old male with date of injury 09/13/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/27/2013, lists subjective complaints as pain in the cervical spine and pain in the lumbar spine which radiates down to the legs with numbness, tingling, and weakness. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and associated spasms. Cervical compression was positive. Examination of the lumbar spine revealed trigger points present in the paraspinals bilaterally. Range of motion was decreased due to pain. There was muscle spasm of the lumbar paravertebral muscles and straight leg test was positive on the left. Diagnosis include: Cervical disc protrusion; Cervical muscle spasm; Cervical musculoligamentous injury; Cervical radiculopathy; Lumbar myospasm; Lumbar radiculopathy; Lumbar strain/sprain; Disruptions of 24 hour sleep-wake cycle; Loss of sleep; Sleep disturbance; Anxiety; Depression; Irritability; and Nervousness. The patient underwent an MRI on 11/05/2012 which was notable for disc protrusions from C3-4 and C7-T1 with thecal abutment; neuroforaminal narrowing at left C3-4 and bilateral C4-5, C5-6, and C6-7. The patient has completed at least 10 sessions of physical therapy to date. The medical records provided for review document that the patient has been taking Ibuprofen 800mg #60 SIG: 1 tablet every 12 hours for at least as far back as 11/02/2012, but he states he uses the Ibuprofen only occasionally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 (1 tab every 12 hours PRN): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs).

Decision rationale: The California MTUS recommends that non-steroidal anti-inflammatory drugs (NSAIDs) be used at the lowest dose for the shortest period in patients with moderate to severe pain. The records indicate that the patient uses ibuprofen only occasionally, and at less than the maximum dose. His use of ibuprofen follows the guidelines. Therefore the request for Ibuprofen 800mg #60 is medically necessary.