

Case Number:	CM13-0037472		
Date Assigned:	03/19/2014	Date of Injury:	07/14/1998
Decision Date:	10/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine & Rehabilitation 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 54-year-old female who reported an injury on 07/14/1998. The mechanism of injury was not stated. The current diagnoses include status post artificial disc replacement at L3-S1, bilateral lumbar radiculopathy, regional pain syndrome, brachial neuritis or radiculitis, lumbar facet syndrome, right lumbar radiculitis, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, muscle spasm, and neuralgia/neuritis/radiculitis. Previous conservative treatment includes lumbar radiofrequency ablation in 2013 and trigger point injections. The latest physician progress report submitted for this review is documented on 10/02/2013. The injured worker presented with ongoing complaints of lower back pain. Physical examination revealed limited range of motion of the lumbar spine, mild tenderness in the paralumbar region, palpable muscle spasm with trigger points, and decreased sensation in the L5-S1 distribution bilaterally. Treatment recommendations at that time included prescriptions for Topamax 75 mg and Effexor 150 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600 MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain. There was also no documentation of this injured worker's current utilization of this medication. There is no frequency listed in the current request. As such, the request is not medically necessary and appropriate.