

Case Number:	CM13-0038034		
Date Assigned:	06/09/2014	Date of Injury:	04/19/2004
Decision Date:	10/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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:

This is a 52-year-old male with a 4/19/04 date of injury; the mechanism of the injury was not described. The patient was seen on 3/21/13 with complaints of neck pain radiating down to the bilateral upper extremities. The physical examination revealed decreased range of motion in the cervical spine and tenderness at the paracervical muscles and trapezius muscles. The Spurling test was positive. The patient was taking Ibuprofen 800 mg twice daily as needed. The patient was seen on 5/8/14 with complaints of neck and bilateral upper extremity pain. The pain was 5/10 with medications and 8/10 without medications. The patient was taking his medications as prescribed and stated that they were less effective. The patient was taking Ibuprofen 800 mg 1 tablet twice daily as needed, Neurontin 600mg 1 tablet 4 times a day, Norco 10-325 mg one tablet 3 times a day, Opana ER 20 mg 1 tablet twice daily, Flexeril 10 mg 1 tablet twice daily and other medications. Exam findings revealed restricted range of motion in the cervical spine with spasm and tenderness in the paravertebral muscles, paracervical muscle and trapezius muscles. The Phalen's sign was positive in the right wrist and Tinel's sign was positive on the left. There was decreased sensation to light touch and pinprick over the medial side of the hands. The patient stated that ibuprofen decreased the swelling in his joints and he had no other side effects from the treatment other than GI upset, which was controlled with Nexium. The diagnosis is regional sympathetic dystrophy, multilevel cervical disc disease with bilateral radiculopathy, sacroiliac joint and facet joint arthropathy and depression. Treatment to date: psychotherapy, work restrictions, medications. An adverse determination was received on 10/08/13 given that the patient had been taking 800mg doses of ibuprofen on a prolonged basis without any evidence of significant reductions in pain or improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The progress notes indicated that the patient was taking Ibuprofen 800 mg twice daily at least from 3/21/13. The patient stated that it helped him with swelling in his joints. The remaining of notes revealed that the patient was taking different pain medications including Norco, Opana and muscle relaxant. There is a lack of documentation indicating objective functional gains with the treatment of Ibuprofen. In addition, the patient was using 1600 mg of Ibuprofen for over a year and ODG guidelines state that there is inconsistent evidence for the use of this medication to treat long-term neuropathic pain. In addition, there is no rationale with regards to the continued treatment with Ibuprofen. Therefore, the request for Ibuprofen 800 mg # 90 was not medically necessary.