

Case Number:	CM13-0052452		
Date Assigned:	12/27/2013	Date of Injury:	12/24/2009
Decision Date:	03/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 47-year-old male who reported an injury on 12/24/2009 due to a slip and fall that reportedly caused injury to his mid back, right buttock area and right side of his rib area. Patient ultimately underwent anterior lumbar interbody fusion at the L5-S1. The patient received postsurgical management to include physical therapy, medications, and psychological support. The patient's medications included methadone, hydrochloride 5 mg, docusate sodium 250 mg, lorazepam 1 mg, Remeron 15mg, and ibuprofen 800 mg. The patient's most recent clinical findings documented the patient had significant psychological dysfunction and deterioration. The patient's treatment plan included continued use of an external bone growth stimulator to assist with fusion and continuation of medications. The patient's diagnoses included depressive disorder, myalgia/myositis, and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67..

Decision rationale: The requested ibuprofen 600mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by documentation of symptom relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that this nonsteroidal anti-inflammatory drug is providing any significant functional benefit or pain relief. Additionally, California Medical Treatment Utilization Schedule does not support the long term use of this medication. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be indicated. As such, the requested ibuprofen 600mg #90 is not medically necessary or appropriate.