

Case Number:	CM13-0054608		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2013
Decision Date:	03/15/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/19/2013

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, 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 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 28-year old male with a date of injury of 5/15/13. The patient has a history of low back injury from lifting a 70-80 pound bag. The patient was initially diagnosed with a lumbosacral sprain and muscle spasm. He has had extensive conservative care, including medications, physical therapy, modified activity, and acupuncture. MRI results show multilevel disc protrusion with mild neural foraminal narrowing. The patient has chronic symptoms, and is now under the care of an orthopedic specialist for diagnoses that include traumatic lumbar strain, lower extremity radiculitis, myofasciitis, and disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ibuprofen 800mg: Overturned

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): 67-73.

Decision rationale: This is a patient with chronic symptoms from a lumbar spine injury. Guidelines support the use of NSAIDS, but note that there are significant adverse effects that can occur, especially with long-term use. With regards to chronic low back pain, guidelines state that

this is an option for short-term symptomatic relief as a second line agent. In this case, the patient has been using Vicodin and Ibuprofen. The records provided for review reflect clear medical necessity for continued use of Ibuprofen. As such, the request is medically necessary.

40 Vicodin ER 7.5/750mg: 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): 74-96.

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Efficacy past 16 weeks is unclear. There is no clear evidence of efficacy with use that would facilitate the ability to stay at work, as medical reports indicate that the patient is on total temporary disability. This patient has non-malignant chronic low back pain. Chronic use is not standard of care or guideline supported. As such, the request is not medically necessary.