

Case Number:	CM13-0063350		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2010
Decision Date:	04/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice, and is licensed to practice in 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 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 50-year-old male who reported an injury on 02/18/2010. The mechanism of injury was not provided for review. The patient developed chronic low back pain and neck pain that was managed with medications to include Percocet, ibuprofen, and omeprazole. The patient's treatment history included psychiatric support, acupuncture, and lumbar epidural steroid injections. The patient's most recent clinical findings documented that the patient had continued lumbar pain and limited range of motion with tenderness to palpation along the thoracolumbar paraspinal musculature and myofascial trigger points. Evaluation of the cervical spine documented that the patient had limited range of motion secondary to pain with a positive Spurling's sign bilaterally and palpable cervicothoracic paraspinal muscle spasming with myofascial trigger points. The request was made for continued medications and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 IBUPROFEN 800MG X 1 MONTH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of therapeutics, 10th ed. McGraw Hill, 2001; Physician's Desk Reference, 59th ed. Medical Economics, 2005; www.RxList.com.

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

Decision rationale: The MTUS Chronic Pain Guidelines does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, MTUS Chronic Pain Guidelines also recommend that continued use of medications in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does provide evidence that the patient has 8/10 pain, mostly in the neck and bilateral upper extremities. There was no quantitative evaluation of pain of the low back. Additionally, the clinical documentation submitted for review does not provide any evidence of functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested 60 ibuprofen 800 mg tablets twice a day for 1 month related to the patient's lumbar spine injury is not medically necessary and appropriate.