

Case Number:	CM14-0005206		
Date Assigned:	01/24/2014	Date of Injury:	02/02/2000
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 69-year-old male who has submitted a claim for cervical and lumbar disc displacement associated with an industrial injury date of February 2, 2000. Medical records from 2012-2013 were reviewed, showing the patient complaining of neck and upper back pain. The intensity and frequency of the pain were not specified. Physical examination showed mild to moderate tenderness over multiple segments of the cervical and thoracic region, with restriction and joint dysfunction noted at multiple levels. Hypertonic muscle and trigger points were noted in the cervical and thoracic paraspinal muscles and in the trapezius muscles. Treatment to date has included medications, spinal manipulative therapy, joint mobilization, passive stretching, active exercise and chiropractic treatment. Utilization review from 12/16/13, partially certified the request for Ibuprofen 800mg #30 since additional evidence of measurable subjective and/or functional benefit is needed for continuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, RECOMMENDATIONS FOR NSAIDS (NON STEROIDAL ANTI INFLAMMATORY DRUGS) ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines states, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) with neuropathic pain. In this case, the patient had a recent flare-up of cervical pain. He took Ibuprofen 800mg, with reported relief of symptoms. The NSAIDs may be necessary for acute exacerbation of pain symptoms. The medical necessity has been established, however, the present request failed to specify the quantity to be dispensed. There is likewise no discussion concerning the extent of duration of use. Therefore, the request for Ibuprofen 800mg is not medically necessary.