

Case Number:	CM14-0112969		
Date Assigned:	08/01/2014	Date of Injury:	06/07/2003
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 59-year-old female who reported an injury on 06/07/2003, due to cumulative trauma. The mechanism of injury was not provided. On 06/10/2014, the injured worker presented with low back and lower extremity pain. The medications included Lyrica, Cymbalta, Percocet, ibuprofen, temazepam, and Flexeril. Upon examination of the low back, there was mild to moderate lumbar paraspinous tenderness from L1-S1. There was a positive straight leg raise to the right. The sensory examination noted hypoesthesia in the right L4-5 dermatome and in the left L5-S1 dermatome. The diagnoses were chronic low back and lower extremity pain with weakness, progression of lumbar degenerative disc disease with increasing size of disc protrusion, L4-5 four mm disc bulge, L5-S1 increasing size of 4 mm central and right paracentral disc protrusion, lumbar facet arthropathy, and lumbar radiculopathy, right greater than left. The provider recommended ibuprofen. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section> Page(s): 67..

Decision rationale: The request for ibuprofen 800 mg, with a quantity of 90, is non-certified. The California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs, with the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of an adequate and complete objective pain assessment of the injured worker. As such, the request is not medically necessary.