MAXIMUS Federal Services

Case Number:	CM14-0116551		
Date Assigned:	08/04/2014	Date of Injury:	04/24/2007
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine 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:

This is a 57-year-old male with a 4/24/07 date of injury. The injury occurred when he was placing a welding machine that weighed approximately 70 pounds into a truck and experienced a sudden onset of lumbar spine pain. According to a 7/3/14 progress report, the patient's severity of pain has increased due to the denial of medications. His activities of daily living have decreased. Neuralgia has increased absent Lyrica. He has been utilizing Ibuprofen and Acetaminophen without significant reduction of pain. His gastrointestinal symptoms have increased absent proton pump inhibitor medications. Objective findings: mild pain gestures while sitting, thoracic tenderness to palpation, paravertebral muscle spasms noted, tenderness to palpation with taught bands were notable at myofascial trigger points with twitch responses in both levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck, ROM of lumbar spine has increased since last exam, tenderness to palpation of lumbar sacral junction and sacroiliac joint. Diagnostic impression: L5 and S1 radiculopathies, right anterior hip pain, status post right L4 hemilaminectomy, L3-L4 through L5-S1 neural foraminal narrowing, multilevel hypertrophic spurring mid and lower thoracic spines, depression related to chronic pain, gastrointestinal symptoms due to prolonged intake of non-steroidal anti-inflammatory drugs (NSAIDs). Treatment to date: medication management, activity modification, surgery. A UR decision dated 7/3/14 denied the request for Ibuprofen. Available records indicated the patient had gastrointestinal symptoms as a result of prior long-tern NSAID use. Given the patient's history, proceeding with use of Ibuprofen does not offset the risk of treatment in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Selective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. According to a progress report dated 7/3/14, it is documented that the patient is experiencing gastrointestinal symptoms of upper gastrointestinal dysfunction from prolonged intake of NSAIDs. In addition, it is also noted that the patient's gastrointestinal symptoms are only partly controlled with proton pump inhibitor medications, Docusate, and Metamucil. Guidelines do not support the continued use of medications when adverse effects are present. Therefore, the request for Ibuprofen 200 mg #30 was not medically necessary.