MAXIMUS Federal Services

Case Number:	CM14-0131914		
Date Assigned:	08/22/2014	Date of Injury:	04/04/2003
Decision Date:	11/04/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 4, 2003.Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injections; facet joint injections; opioid therapy; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated July 23, 2014, the claims administrator denied a request for ibuprofen.The applicant's attorney subsequently appealed.In a progress note dated September 26, 2013, the applicant was described as having remained off of work owing to multifocal bilateral knee, bilateral hip, bilateral foot, bilateral ankle, and low back pain with derivative complaints of anxiety and insomnia. The applicant was described as status post earlier lumbar laminectomy and diskectomy surgery. The applicant had also developed issues with peripheral arterial disease, it was further noted. The applicant was placed off of work, on total temporary disability.On July 3, 2014, the applicant again presented with multifocal pain complaints. Once again, the applicant was placed off of work, on total temporary disability. The applicant's medication list was not stated on this occasion.In a June 20, 2014 progress note, the applicant reported persistent complaints of neck and low back pain, ranging from 4/10 with medications to 10/10 without medications. The applicant was not working, it was acknowledged. The attending provider suggested that the applicant might require lumbar surgery in addition to planned vascular surgery. Dilaudid, Nucynta, and Motrin were prescribed.In an earlier note dated May 28, 2014, the applicant again received refills of Dilaudid, Norco, Motrin, and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly dependent on several different opioid agents, including Nucynta, Dilaudid, Norco, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing ibuprofen usage. Therefore, the request is not medically necessary.