

Case Number:	CM14-0151011		
Date Assigned:	09/22/2014	Date of Injury:	06/06/2008
Decision Date:	10/31/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Surgeon, has a subspecialty in Sports 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 injured worker is a 60-year-old male who reported a date of injury of 06/06/2008. The mechanism of injury was not indicated. The injured worker had diagnoses of traumatic pelvic region and thigh, lumbar intervertebral disc degeneration, and late effects sprain/strain. Prior treatments included left iliopsoas injection. Diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker has complaints of back and hip pain. The clinical note dated 08/07/2014 noted a detailed examination was performed, the patient was sitting comfortably and forward flexion of the hip did not reproduce any groin or anterior hip pain. The medications included Norco and ibuprofen. The treatment plan included Norco, ibuprofen, and the physician's recommendation for the injured worker to see an orthopedist and continue with a home exercise program. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tablet, 1 every 8 hours #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The request for ibuprofen 800 mg tablet, 1 every 8 hours #100 with 2 refills is not medically necessary. The injured worker has complaints of back and hip pain. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest dose for the shortest period in patients with moderate to severe pain as a second line treatment after acetaminophen. There is no evidence of long term effectiveness for pain or function. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over acetaminophen treatment and advice from their physician. The guidelines state anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. There was a lack of documentation indicating the injured worker failed prior treatment with the use of acetaminophen. Furthermore, the guidelines indicate there is no evidence of long term effectiveness for pain or function with the use of NSAIDs. However, the injured worker was noted to have been prescribed ibuprofen since the 01/09/2014 examination which exceeds a short term use of NSAIDs. As such, the request is not medically necessary.