

Case Number:	CM14-0151117		
Date Assigned:	09/19/2014	Date of Injury:	04/02/2013
Decision Date:	11/13/2014	UR Denial Date:	08/27/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 62 year old male who reported an injury on 04/02/2013. The mechanism of injury was not provided. His diagnoses included brachial neuritis or radiculitis. The injured worker's prior treatments have included surgery and medications, cervical epidural steroid injection and physical therapy with a home exercise plan. Diagnostic studies included a nerve conduction study which was performed on 03/03/2014 and an MRI of the cervical spine which was performed on 02/14/2014. The injured worker previously underwent bilateral carpal tunnel surgery. The clinical note dated 08/11/2014 noted the injured worker stated that his medications did work well, his pain level was decreased since the prior visit, the injured worker had no new problems or side-effects, and his activity level remained the same. The injured worker also reported cervical spine pain and bilateral wrist pain. Upon physical examination the injured worker had paravertebral muscles which revealed hypertonicity and pain noted on both sides. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Tenderness was noted to the bilateral facets and pain with bilateral facet loading. The injured worker reported taking his medication as prescribed but he still had pain symptoms on a continuous basis, but they were alleviated somewhat by current medication. The injured worker further reported that he understood his symptoms would not be completely eliminated by pain medications. The injured worker's medication included Ibuprofen 600 mg 1 tablet twice daily as needed and Norco 10-325 mg 1 tablet twice daily as needed. The duration history of the medication was not provided. The treatment plan included continued use of Norco and Ibuprofen and a request for a gym membership. The rationale for the request was for inflammatory pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg tablet SIG: Take 1 twice a day as needed QTY: 60.00: 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 is for Ibuprofen 600mg tablet 1 tablet twice a day as needed quantity 60 is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The clinical note dated 08/11/2014 indicated that the injured worker still has pain symptoms on a continuous basis, but they were alleviated somewhat by his medications. However, there is no measurable or quantifiable evidence of pain relief. The injured worker has been prescribed Ibuprofen since at least 03/17/2014; therefore, the continued use of Ibuprofen would exceed the guideline recommendations. Additionally, there is no significant objective information submitted that indicates functional improvement with the medication. Therefore, the request for ibuprofen 600mg tablet 1 twice a day as needed is not medically necessary.