

Case Number:	CM14-0166716		
Date Assigned:	11/06/2014	Date of Injury:	02/14/2013
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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 & Rehabilitation and is licensed to practice in New Jersey. 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 55 year old female who reported an injury on 02/14/2013 due to lifting. Her diagnoses included lumbalgia, neuralgia, neuritis and radiculitis. Past treatments included ultrasound, posture strengthening, chiropractic treatments, tilt table, aqua therapy, and physical therapy. On 08/23/2014, the injured worker complained of back and left leg pain. The physical examination revealed marked left sciatic notch tenderness, decreased sensation, decreased motor strength, and a positive straight leg raise on the left. It was also noted the injured worker did not present with cardiac issues or GI symptoms. Her medications included Lipitor, Vicodin, and blood pressure medication. The treatment plan included a L5-S1 transforaminal injection. A request was received for Ibuprofen 600mg #90 x 3 refills with no rationale provided. A Request for Authorization form was submitted on 08/23/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 x 3 refills: 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 Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22,68.

Decision rationale: The request for Ibuprofen 600mg #90 x 3 refills is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended for treatment of chronic low back pain as an option for short-term symptomatic relief, however it is not recommended for treatment of neuropathic pain since there is no evidence to support its use. In addition, the guidelines state the use of NSAIDs was shown to hamper and possibly delay the healing of soft tissues, including muscles, ligaments, tendons, and cartilage along with causing GI ulcers and bleeding at any time during treatment. The injured worker was noted to have chronic low back pain and not to have cardiac issues or GI symptoms on examination. However, she was last noted to have taken Ibuprofen at least since 09/10/2013. There was no evidence of decreased pain and increased function with use. As the injured worker is noted to have taken NSAIDs for neuropathic pain, which is not recommended, and there is a risk for GI ulcers or bleeding at any time during treatment, the request is not supported by the guidelines. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request for Ibuprofen 600mg #90 x 3 refills is not medically necessary.