

Case Number:	CM14-0169341		
Date Assigned:	10/17/2014	Date of Injury:	05/01/2014
Decision Date:	11/19/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Pain 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 patient of the date of injury of May 1, 2014. A utilization review determination dated September 8, 2014 recommends modified certification of ibuprofen to recommend a one month supply. A report dated August 12, 2014 identifies subjective complaints of low back pain radiating into the right lower extremity. The pain is 10/10 on average. Physical examination findings reveal decreased lumbar range of motion with pain and positive facet loading. Diagnoses include lumbar facet syndrome, lumbar radiculopathy, and low back pain. The treatment plan recommends electrodiagnostic studies for the lower extremities, transforaminal epidural injections, consideration of medial branch blocks, consideration of acupuncture, a home tens unit, ibuprofen, Lyrica, in consideration of short acting opiate pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it is clear the patient has considerable pain with physical examination findings supporting her diagnoses. As such, the use of a NSAID medication is a reasonable treatment option. Unfortunately, the currently requested ibuprofen contains no dosage, frequency, or duration of use. There is no provision to modify the current request, and guidelines do not support the open ended application of any medication. As such, the currently requested Motrin is not medically necessary.