

Case Number:	CM14-0173052		
Date Assigned:	10/24/2014	Date of Injury:	10/01/2007
Decision Date:	12/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 54 year old man who was injured on 10/1/2007. The diagnoses failed cervical spine surgery syndrome, cervical radiculopathy, right arm, failed lumbar syndrome, status post T11 to S1 fusion, lumbar radiculopathy, status post C50C6 fusion and low back pain. There are associated diagnoses of insomnia and depression. On 9/3/2014, [REDACTED] there was subjective complaint of low back pain radiating to the lower extremities associated with numbness. The pain score was rated at 8/10 with medications and 10/10 without medications on a 0 to 10 scale. There were objective findings of positive Spurling's sign, decreased range of motion and diffused tenderness of the affected parts. The medications are methadone, oxycodone, gabapentin and ibuprofen for pain and Prilosec for the prevention and treatment of NSAIDs induced gastritis. The patient is also utilizing Lorazepam and Effexor for depression and anxiety. The patient is being evaluated for intrathecal pump. A Utilization Review was rendered on 9/23/2014 recommending non-certification for ibuprofen 800mg po tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 70,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized in the treatment of exacerbation of severe musculoskeletal pain. The chronic use of NSAIDs is associated with increased risk of cardiac, renal and gastrointestinal complications. The records indicate that the patient have significant pain that is responding to medication treatment. The patient is reporting pain relief with improvement in function with utilization of the medications. The patient completed multiple spine surgeries, PT and interventional pain procedures. There is a pending evaluation for implantation for intrathecal pump. The criteria for the use of ibuprofen 800mg PO TID #90 were met.