

Case Number:	CM14-0021301		
Date Assigned:	05/07/2014	Date of Injury:	05/09/2002
Decision Date:	07/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Management and is licensed to practice in Tennessee. 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 59-year-old male patient with a 5/9/02 date of injury. 2/10/14 progress report indicates increased pain in the left upper gluteal region and groin pain. There is also increased left knee pain and left low back pain. A computerized tomography (CT scan) exam demonstrates slow and guarded gait; he still almost constantly pulls his genitals due to the pain. 12/10/14 progress report indicates persistent low back and groin pain. Medications include Lyrica, MiraLax, Arthrotec, and Norco. 11/11/13 progress report indicates that Motrin has helped in the past. The patient was restarted on Motrin 600mg q 8 hrs #90 on 11/11/13. Current medications include Norco, Lyrica, Zanaflex, Cymbalta, MiraLax. The patient has a spinal cord stimulator. There is documentation of a previous 2/4/14 adverse determination for undocumented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600MG #90: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, while it was non-specifically reported that Motrin had helped in the past, there is no assessment of response to recent re-initiation of Motrin therapy following the 11/11/13 prescription. In addition, the current pain complaints are observed in a way that it is unclear how addition of Motrin could alleviate the patient's pain that has demonstrated recalcitrant nature despite multiple medications including Norco, functional restoration program participation, and a spinal cord stimulator. With a 2002 date of injury, it is questionable that Motrin would still be the primary choice to obtain long-term pain relief; and if Motrin is to be considered, thorough monitoring for adverse long-term effects would be required to continue Motrin therapy. Therefore, the request for ibuprofen 600 mg #90 was not medically necessary.