

Case Number:	CM14-0022933		
Date Assigned:	05/12/2014	Date of Injury:	10/15/2009
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 60-year-old male patient with a 10/15/09 date of injury. A 1/28/14 progress report indicates the patient experienced neck pain radiating down the left upper extremity and low back pain radiating down bilateral lower extremities. Physical exam demonstrates slow gait, limited cervical range of motion, limited lumbar range of motion, and lumbar trigger points. A 4/22/14 progress report indicates lower back pain that radiates down bilateral extremities, frequent numbness in bilateral extremities to the feet, tingling, and muscle weakness, aggravated by activity, standing, and walking. Pain with medications is described as 8/10; pain is at 9/10 without medication. His condition has worsened since the last visit, with limitations on activities of daily living. Physical exam demonstrates that the patient uses a cane to ambulate, and gait is antalgic and slow. His cervical and lumbar ranges of motion are moderately to severely limited due to pain. He showed tenderness on palpation at L4-5 levels, with trigger points noted at paraspinals bilaterally; his sensory exam indicates decreased sensitivity L4-5 dermatome bilateral extremities; motor exam indicates decreased strength of extensor muscles at L4-S1 dermatome bilateral lower extremities; and tenderness, mild swelling, and decreased range of motion of the left knee. Diagnoses include lumbar radiculitis, bilateral knee pain, Iatrogenic opioid deficiency, chronic pain, status post bilateral knee surgery, Hepatitis C, Urinalysis normal. The documented treatment plan consists of a home exercise program, lab studies, Gabapentin, Fentanyl patch, and Norco. Treatment to date has included medication and activity modification. The patient underwent left total knee replacement on 5/14/13. There is documentation of a previous 2/18/14 adverse determination because the patient is hypertensive and had unchanged pain levels of 9/10 with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS; NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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, NSAID.

Decision rationale: The California MTUS states that NSAIDs (non-steroidal anti-inflammatory drugs) 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, the Official Disability Guidelines state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, though they may be useful to treat breakthrough pain. However, there is no evidence of the efficacy of previous treatment with Ibuprofen, since pain levels are the same, 9/10, with and without medication. There is no documentation that the patient is closely monitored for side effects. Therefore, the request for Ibuprofen 800mg #60 is not medically necessary.