

Case Number:	CM14-0028330		
Date Assigned:	04/07/2014	Date of Injury:	12/30/2012
Decision Date:	05/08/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Illinois. 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 48 year-old male who reported an injury on 12/30/2012 and the mechanism of injured was not provided in the medical records. The current diagnosis is 847.2 Sprain of lumbar. The injured worker has complaints of occasional neck pain at 6/10, severe constant low back pain at 8/10, and constant left shoulder pain. He also indicated that he has left arm weakness and decreased mobility. The clinical note from 12/02/2013 indicated on the objective findings there was tenderness at the cervicolumbar paravertebrals, bilateral trapezial, and bilateral sacroiliac joints. It was also noted that there was decreased painful range of motion and left shoulder tenderness. The current treatment plan included refill for ibuprofen 800mg for a 2 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL IBUPROFEN 800MG FOR A TWO MONTH SUPPLY: 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): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that NSAIDs (non-steroidal anti-inflammatory drugs) for treatment of osteoarthritis (including knee and hip) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For back pain and acute exacerbations of chronic pain they are recommended as a second-line treatment after acetaminophen. The documentation provided fails to provide how long the patient has been taking the ibuprofen 800mg and if the pain is relieved while taking the medication. The MTUS Chronic Pain Guidelines also indicate that it should be used as second- line treatment after acetaminophen of which the documentation fails to indicate if the injured worker has tried acetaminophen and what the results were while taking it for pain. The frequency and quantity of the medication was not provided in the documentation for review. Therefore, the request is not medically necessary and appropriate.