

Case Number:	CM14-0033495		
Date Assigned:	06/20/2014	Date of Injury:	05/14/2012
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery 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:

The injured worker is a 56-year-old male injured on May 14, 2012. The mechanism of injury is stated to be dropping a 60 pound piece of iron onto the left foot. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. No physical examination was performed on this date. Diagnostic studies noted a bilateral L5 and S1 radiculopathy. Treatment plan included nerve conduction studies of the upper extremities, cervical spine physical therapy, and acupuncture for the lumbar spine. Medications prescribed included Norco, Neurontin, and Naproxen. A request had been made for ibuprofen and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen - Unspecified strength and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

Decision rationale: According to the attached medical record there has been no stated improvement or functional restoration with the use of ibuprofen in the past. Additionally the

progress note dated May 5, 2014, states that the injured employee is also currently taking naproxen and should not be taking two anti-inflammatories at the same time. Therefore, the request for Ibuprofen is not medically necessary and appropriate.