

Case Number:	CM14-0033544		
Date Assigned:	07/16/2014	Date of Injury:	09/24/2009
Decision Date:	10/02/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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 Occupational Medicine 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:

This injured worker is a 54-year-old man who was injured Sept 24, 2009 by being assaulted by a suspect while he was issuing a traffic citation. He was diagnosed with cervicalgia and authorized for bilateral shoulder surgery, cervical branch blocks, a radiofrequency nerve ablation injection. The injured worker is noted to be taking ibuprofen with 75% pain relief and it is noted that the worker has at least one documented reading of high blood pressure at 142/90. Per the worker's history on an office visit at [REDACTED] on June 11, 2013 he stated he noticed his blood pressure is elevated when he goes in for cervical injections. There is no documented history of cardiac, hepatic or renal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, hypertension and renal function; NSAIDs,.

Decision rationale: The injured worker has a history of 5 years of musculoskeletal pain with pain-relieving interventions including medications, nerve ablations and nerve blocks. It is stated that he receives 75% pain relief when he takes ibuprofen. Per the Medical Treatment Utilization Schedule (MTUS), ibuprofen is recommended for osteoarthritis (including knee and hip) at the lowest dose for the shortest period in patients with moderate to severe pain, for short-term symptomatic relief of low back pain, for acute exacerbations of chronic back pain and as a second-line treatment after acetaminophen. It is suggested that non-steroidal anti inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants and that non-steroidal anti inflammatory drugs (NSAIDs) had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. It is generally recommended that the lowest effective dose be used for all non-steroidal anti inflammatory drugs (NSAIDs) for the shortest duration of time consistent with the individual patient treatment goals. It is also stated that the injured worker had at least one high blood pressure reading of 142/90 and that he stated he noticed his blood pressure is elevated when he goes in for cervical injections. Non-steroidal anti inflammatory drugs (NSAIDs) can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. (Sustained blood pressure elevation in the elderly is associated with increases in hemorrhagic stroke, congestive heart failure and ischemic cardiac events.) The risk appears to be higher in patients with congestive heart failure, kidney disease or liver disease. In hypertensive patients: All non-steroidal anti inflammatory drugs (NSAIDs) have the potential to raise blood pressure in susceptible patients. There are no lab results included in the documentation provided for this worker. Routine Suggested Monitoring via Package inserts for non-steroidal anti inflammatory drugs (NSAIDs) recommend periodic lab monitoring of a complete blood cell count (CBC) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Therefore, because of the worker's susceptibility to the adverse blood pressure effect of non-steroidal anti-inflammatory drugs (NSAIDs), the lack of indication for chronic pain, and the lack of routine monitoring of his hepatic and renal function, this request is not certified.