

Case Number:	CM14-0035375		
Date Assigned:	06/23/2014	Date of Injury:	07/31/2011
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Nevada. 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 45-year-old female who was reportedly injured on July 31, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated May 27, 2014, indicates there are ongoing complaints of low back pain radiating to the right and left leg. Current medications were stated to include Aspirin, Butrans, Cymbalta, Ducosate, Norco, Nortriptyline, Omeprazole, Senna, Tums, and Wellbutrin. The physical examination demonstrated tenderness from L3 through S1 along the facets and paraspinal muscles. There was a positive left-sided and right-sided straight leg raise at 45. Diagnostic imaging studies objectified an L2 - 3 disc bulge without significant canal or foraminal stenosis. Previous treatment includes a bilateral SI joint injection with relief for two weeks. A request had been made for Ibuprofen 800 mg and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 Mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 67 of 127.

Decision rationale: According to the medical record on February 5, 2014 the injured employee stated that she had allergies to ibuprofen resulting in burning and nausea. The subsequent note dated May 27, 2014, indicates that ibuprofen is no longer prescribed. Therefore this request for ibuprofen 800 mg is not medically necessary.