

Case Number:	CM14-0037296		
Date Assigned:	06/25/2014	Date of Injury:	06/11/2010
Decision Date:	08/08/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 and Rehabilitation 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 underlying date of injury in this case is 08/11/2010. This patient's treating diagnosis is a thoracic herniated nucleus pulposus. On 02/25/2014, the treating physician saw the patient in followup and noted that she had moderate pain and discomfort and slight spasm in the back as well as significant improvement in her overall function with use of a TENS unit. The patient was noted to be taking Zanaflex as well as Ibuprofen, which helped the patient avoid narcotic analgesics. The patient reported improvement in the quality of her activities of daily living with her medications. An initial physician review recommended noncertification of Ibuprofen with the rationale that anti-inflammatory medications are recommended only for short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #200 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antiinflammatory Medications Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications states that anti-inflammatories

are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but that long-term use may not be warranted. An initial physician review included that Ibuprofen was not medically necessary because the guidelines do not support long-term use. The guidelines do not, in fact, preclude long-term use of anti-inflammatory medications. Rather, the guidelines would encourage documentation of risks versus benefits. The medical records in this case very specifically outline the benefits of anti-inflammatory medication to the patient in terms of improved activities of daily living and avoiding the need for narcotic analgesic medications. The records do not document adverse side effects to preclude long-term use of this medication. For these multiple reasons, the medical records and the guidelines both support a risk versus benefit analysis which does support the use of Ibuprofen in this case. This request is medically necessary.