

Case Number:	CM14-0060095		
Date Assigned:	07/09/2014	Date of Injury:	08/21/1998
Decision Date:	08/11/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 Family Medicine 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 patient is a 61-year-old who was injured while at work on August 21, 1996. The injury was to her low back, right leg, neck, and right arm. She is requesting an appeal of a denial for the use of Ibuprofen 600mg #15. The medical records corroborate ongoing medical care for the work-related injuries. She has undergone multiple diagnostic and therapeutic procedures. Her chronic diagnoses include: Chronic Pain Syndrome; Cervical Spondylosis Without Myelopathy; Chronic Tension Type Headache; Chronic Migraine Without Aura; Lumbosacral Spondylosis; Postlaminectomy Syndrome, Lumbar Region; Sacroiliitis; Persistent Disorder of Initiating or Maintaining Sleep; Overweight; Slow Transit Constipation; Esophageal Reflux; and Medial Epicondylitis of Elbow. Her medications include: Cambia (diclofenac), Ibuprofen, Relpax, and Norco. The treating physician's notes state that regarding the use of ibuprofen, she is instructed not to take this as she uses the Cambia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, fifteen count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs (non-steroidal anti-inflammatory drugs) for the treatment of pain. In reviewing the medical records, it is unclear what is the treating physician's specific intent for the use of Ibuprofen. The assessment indicates that the patient is suffering from chronic pain syndrome due to multifactorial causes. The patient is already listed as taking the NSAID (Cambia), which is the brand name of diclofenac. As noted above, the patient was advised not to take [Ibuprofen] as she uses the Cambia. If there was an intention to use a combination of NSAIDs, it would be expected per the Chronic Pain Medical Treatment Guidelines to perform an assessment of the GI Symptoms and Cardiovascular Risk. This assessment should be used to determine if the patient is a risk for gastrointestinal and cardiovascular events. There is no documentation in the medical records to indicate that this was done. The request for Ibuprofen 600mg, fifteen count, is not medically necessary or appropriate.