

Case Number:	CM14-0063063		
Date Assigned:	07/11/2014	Date of Injury:	04/04/2003
Decision Date:	11/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported a work related injury on 04/04/2003 due to a fall. The injured worker's diagnosis consists of chronic pain and chronic pain syndrome. The injured worker's past treatment included chiropractic care and medication management. On examination on 06/25/2014, the injured worker complained of neck pain that radiated to his left upper extremity; the pain was noted to be aggravated by activity and walking. The injured worker also noted low back pain which radiated down the bilateral lower extremities; the pain was noted to be aggravated by activity and walking. The injured worker also stated he had lower extremity pain bilaterally. The injured worker rated his pain 4/10 with medications and 10/10 without medications on the visual analog scale (VAS). The injured worker stated his pain has worsened since his last visit. He stated his activities of daily living were limited in the following areas: self-care and hygiene, activities, ambulation, hand function, sleep, and sex. Upon physical examination, it was noted that the injured worker was alert, oriented, and cooperative. The injured worker was observed to be in moderate distress. The injured worker's gait was antalgic and slow. Upon examination of the thoracic spine, it was noted that there was tenderness in the bilateral paravertebral region. Examination of the lumbar spine revealed tenderness upon palpation in the bilateral paravertebral area L3-S1 levels and in the spinal vertebral area L3-S1 levels. The treatment plan consisted of, renewal of medications to include; hydrocodone, ibuprofen, and Nucynta. The injured worker's prescribed medications include hydrocodone, ibuprofen and Nucynta. A Request for Authorization form was submitted for review on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

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

Decision rationale: The request for Ibuprofen 800mg #60 is not medically necessary. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period for moderate to severe pain in patients with osteoarthritis and low back pain, but only for short term use. In regards to the injured worker, there is no evidence presented of acute exacerbations of chronic pain. Additionally, there is no evidence provided for review of significant functional improvement resulting from prior treatment with non-steroidal anti-inflammatory drugs. As such, the request for Ibuprofen 800mg #60 is not medically necessary.