

Case Number:	CM14-0072741		
Date Assigned:	07/16/2014	Date of Injury:	09/05/2007
Decision Date:	11/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of September 5, 2007. A utilization review determination dated September 3, 2014 recommends non-certification of Ibuprofen. Non-certification is recommended since the medication is being used chronically and due to lack of documentation that the patient has failed Acetaminophen. A progress report dated July 30, 2013 identifies subjective complaints of moderate back pain intermittently to the hips and legs. The note indicates "good benefit" from the medication. Objective examination findings reveal slightly positive straight leg raise bilaterally. The diagnoses include radiculopathy, herniated nucleus pulposus in the lumbar spine, and sciatica. The treatment plan recommends Ultram and Ibuprofen 800 mg PO PID #200 with one refill. A progress report dated April 22, 2014 recommends a prescription of Ibuprofen and Ultram. The medication provides "good benefit."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg tablet sig: one po BID #200 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (Ibuprofen), MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Ibuprofen is not medically necessary.