

Case Number:	CM14-0075675		
Date Assigned:	07/16/2014	Date of Injury:	07/19/1990
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 65 year-old male who was reportedly injured on 7/19/1990. The mechanism of injury is not listed. The most recent progress note dated 3/25/2014. Indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: positive Kemps, positive slump test, positive straight leg raise on the left. Limited range of motion with pain. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for ibuprofen 600mg #100 and was not certified in the pre-authorization process on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen, 600 mg tablet, #100: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the claimant's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines.the request is considered medically necessary.

