

Case Number:	CM14-0086035		
Date Assigned:	07/23/2014	Date of Injury:	11/02/2012
Decision Date:	10/14/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/09/2014

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 records presented for review indicate that this 38-year-old man was reportedly injured on November 2, 2012. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated July 15, 2013, indicates that there are ongoing complaints of left sided low back pain. The physical examination demonstrated no tenderness of the lumbar spine and full range of motion. There was a negative bilateral straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed disc bulges at L3 - L4 and L4 - L5 and a left sided paracentral disc protrusion at L5 - S1. Previous treatment includes physical therapy and the use of an H wave unit a request had been made for ibuprofen 800 mg and was not certified in the pre-authorization process on May 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Ibuprofen 800mg TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and Ibuprofen (Motrin, Advil), page 67, 68 and 72.

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. The progress note dated April 23, 2014, states the injured employee has found this medication to be very helpful and that there are no side effects with it. As such, this request for ibuprofen 800 mg is medically necessary.