

Case Number:	CM14-0096341		
Date Assigned:	07/28/2014	Date of Injury:	05/27/2010
Decision Date:	09/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 42 year old male who had a work-related injury on 05/27/10. Mechanism of injury is not described. Most recent medical record submitted for review is dated 04/21/14 the injured worker is in for depression and low back pain, thoracic spine as well. The injured worker continues to experience thoracic and lumbar spine with depression. The injured worker is gone to see an acupuncturist for his spine pain. Objective findings: lumbar spine no noticeable gross deformity. The injured worker has normal lumbar lordosis with direct palpation at the L3-4, L4-5, and L5-S1 facets. The injured worker has pain, more so at the levels of L4-5 bilaterally. The injured worker can forward flex hands to the floor 3 inches, extension 20 degrees which causes him pain, lateral bend to the left and right 20 degrees with pain. Straight leg raise on the right is positive. On the left it is negative. The injured worker has normal sensation to touch of the left leg; however, down the right leg he has numbness of the L4 distribution all the way down to his great toe. Muscle strength testing of the lower extremities is 5/5. Deep tendon reflexes at L4 on the right is 1+ on the left 2+ at S1 on the left it is 1+ bilaterally. He is able to toe and heel walk. Diagnoses include thoracic and lumbar spine pain with facet arthropathy resolving. Right leg L4 sciatica. Prior utilization review dated 06/13/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.