MAXIMUS Federal Services

Case Number:	CM14-0188024		
Date Assigned:	11/18/2014	Date of Injury:	01/05/2006
Decision Date:	02/03/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/11/2014

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 <, has a subspecialty in. 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 47-year-old female with a date of injury 01/05/2006. The mechanism of injury was not specified. The injured worker was diagnosed with cervical disc displacement, cervicalgia, carpal tunnel syndrome, postlaminectomy syndrome of cervical region, and spinal stenosis in cervical region. Her past treatments were not included. Pertinent diagnostic studies include a CT of the cervical spine on 06/02/2014, an x-ray of the cervical spine on 06/04/2014. Her past surgical history included 3 previous neck surgeries with fusion at C3-4, C4-5, C5-6, and C6-7 (C6-7 disc replaced), right shoulder surgery, and 2 right knee surgeries. On 09/02/2014, it was noted the injured worker returned for re-evaluation with no new complaints, but continued to have constant daily headaches and neck pain with radiating pain into the right upper extremity. Upon physical examination, her neck showed diffuse tenderness and significant paraspinous spasm with range of motion decreased in all planes, and continued pain with rotation to the left. She seemed to have more tenderness on the right side, and her reflexes were equal and diminished bilaterally. She had significant lumbar tenderness at the lumbosacral junction, right side greater than the left. The evaluation of her right knee showed some lateral tenderness, and she had significant antalgic gait to the right and she was using a cane for ambulation. Her medication regimen included Norco tablets 325/10 mg, Soma, and ibuprofen 800 mg. She had been prescribed these medications for at least 6 months. The treatment plan included continuation of medications and referral to a pain management doctor. The request is for ibuprofen 800 mg #60. The rationale was to maintain her medications. The Request for Authorization dated 10/24/2014 was included.

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.

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 injured worker continued to have complaints of constant daily headaches, and neck pain which radiated into the right upper extremities. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker has been taking Ibuprofen 800 mg for at least 6 months. The documentation as submitted failed to provide evidence of increased function and decreased pain with the use of the medication. As the injured worker has been prescribed this medication for at least 6 months, continued use of the medication would exceed the guideline recommendation for short term use. There is a lack of documentation indicating when the injured worker's liver and kidney function was last assessed as this is recommended as part of ongoing monitoring with NSAID medications. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Ibuprofen 800mg #60 is not medically necessary.