

Case Number:	CM14-0198400		
Date Assigned:	12/08/2014	Date of Injury:	03/02/2012
Decision Date:	03/18/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 56-year-old man who was injured on March 3, 2012. The mechanism of injury was not documented in the medical record. The current diagnoses are fibromyositis; chronic pain syndrome; displacement of lumbar intervertebral disc without myelopathy; and depressive disorder. Pursuant to the progress note dated October 28, 2014 the IW returns for a follow-up visits and reports that he has completed his Functional Restoration Program (FRP) in September of 2014. He is taking Norco 5/325mg, Ibuprofen 800mg, Paxil 10mg and Arthrotec (Diclofenac + Misoprostol) 50mg/200mcg BID. The IW reports that his medications reduce his pain by 40%. He complains of bilateral low back pain that is exacerbated by lying down, sitting, and walking. The pain radiates down both lower extremities. Objectively, the IW walks with a slight antalgic gait. He has bilateral lower extremity weakness and tingling. Stiffness in the low back is noted. Spams of the low back are noted. Currently, the IW is doing exercises and stretches at home 3 times a week. He has had approximately 16 sessions of physical therapy. The current request id for Ibuprofen 800mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800 MG, NINETY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI
Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain
Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's diagnoses are displacement of lumbar intervertebral disc without myelopathy; fibromyalgia site is; depressive disorder; and chronic pain syndrome. A review of the medical records indicate the injured worker is taking Arthrotec (combination diclofenac and misoprostol); ibuprofen 800 mg, Paroxetine and Norco 5/325 mg one tablet daily as needed with a 30 day supply. Clinical documentation does not indicate why the injured worker is taking two (2) nonsteroidal anti-inflammatory drugs. The injured workers taking diclofenac and ibuprofen concurrently. There is no clinical indication for the dual use of non-steroidal anti-inflammatory drugs. The risk for gastrointestinal side effects and cardiovascular side effects and renal vascular side effects increase with additional/multiple nonsteroidal anti-inflammatory drugs. Consequently, absent the appropriate clinical indications and clinical rationale for the dual use of two nonsteroidal anti-inflammatory drugs, Ibuprofen 800 mg #90 is not medically necessary.