

Case Number:	CM14-0202924		
Date Assigned:	12/15/2014	Date of Injury:	02/01/2012
Decision Date:	01/31/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 42 year old female who was injured on 2/1/2012 involving her neck and back. She was diagnosed with cervicalgia, cervicobrachial syndrome, lumbar disc disorder, sciatica, disorder of coccyx, and disorder of sacrum. She was treated with medication, physical therapy, chiropractic treatments, modified duty, surgery (lumbar), epidural injection, and a functional restoration program. On 11/20/14, the worker was seen by her pain specialist reporting continued and worsening neck pain and numbness and tingling as well as weakness of her right arm/hand. She reported that she felt that her function was declining in her neck and arms. She rated her pain level at 8/10 on the pain scale. She reported using ibuprofen 800 mg when needed, but the requesting physician noted that she used it on average 7 days per week, however she stated that it was ineffective. She recalled that tramadol was beneficial when used in the past. Physical examination revealed reduced grip strength of right hand. She was then recommended to use topiramate, tramadol ER. Later, a request for 30 pills of ibuprofen 800 mg was submitted on behalf of the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin (Ibuprofen) 800 MG, 1 Tab Daily as Needed Qty 30 with No Refills for Symptoms Related to Submitted Diagnosis as an Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was essentially daily (7 days per week on average) and chronic use of a high dose ibuprofen with a report from the worker herself that it was not effective for her pain and tramadol was initiated again. Although there was a reported worsening in pain beyond her chronic levels, there was no objective evidence that there was significant muscle inflammation to where a short course of an NSAID might have been warranted. A 30-day supply of ibuprofen would not be considered a short course. Therefore, due to the ineffectiveness of the medication and inappropriate chronic use, the ibuprofen is not medically necessary.