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| Case Number: | CM14-0203477 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 06/10/1999 |
| Decision Date: | 02/06/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Rehab, and is licensed to practice in California. 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 patient is a 49 year old female with date of injury 6/10/99. The treating physician report dated 11/04/14 (233) indicates that the patient presents with pain affecting the low back. The patient continues to work 20 hours per week and complains of worsening pain towards the end of her shift due to activity level. The physical examination findings reveal tenderness upon palpation in the lumbar spinous processes. Back flexion is 90 degrees and 5 degrees extension. Prior treatment history includes an MRI of the lumbar spine, a bone scan, daily exercise/stretching program, and prescribed medications of Vicodin, Avalide, Ibuprofen, Soma, Amrix and Xanax. The current diagnoses are: 1. Lumbago 2. Degen Lumb/Lumbosac Intervertebral Disc 3. Displacement Lumbar Disc W/O Myelopathy The utilization review report dated 11/19/14 denied the request for Ibuprofen 500 mg #60 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 500 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Ibuprofen 500 mg #60. The treating physician report dated 11/4/14 states that the patient uses Ibuprofen to control pain rather than Vicodin at times. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treating physician notes that the patient's pain level is 8-9/10 and experiences limited functioning without medications. On medication, the patient's pain level is 5-6/10 and she can complete ADL activities, socialize, travel and work 20 hours per week. Furthermore, no side effects have been reported. In this case, the patient experiences a reduction in pain levels while taking Ibuprofen and documented functional improvement is provided. Therefore, this request is medically necessary.