

Case Number:	CM14-0208895		
Date Assigned:	12/22/2014	Date of Injury:	05/31/2000
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male patient who sustained a work related injury on 5/31/2000. Patient sustained the injury due to a fall. The current diagnoses include major depressive disorder and pain disorder, lumbar and cervical spine radiculitis. Per the doctor's note dated 10/3/14, patient has complaints of pain and stiffness in both legs and difficulty in sleeping due to pain. Physical examination of the revealed increased pain, difficulty in ambulation, Per the note dated 7/16/14 he had low back pain at 7/10 with numbness in bilateral legs; left neck pain radiates to shoulder, and physical examination revealed positive SLR, uses a cane for ambulation and decreased sensation in right thigh. Per the note dated 11/5/14 he had back pain at 7-9/10, limited range of motion and positive SLR and decreased sensation. The current medication lists include Lyrica, Norco, Motrin, and Omeprazole, The patient has had EMG/NCV that revealed bilateral L4 radiculopathy and right S1 radiculopathy. The patient has had urine drug toxicology test on 4/2014 which was inconsistent with the lack of Lyrica and lack of hydrocodone. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has used an h-wave unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 10th ed. McGraw hill, Physicians Desk Reference, 69th ed. Medical Economics, 2006, www.rxlist.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Ibuprofen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Ibuprofen for this injury. Per the doctor's note dated 10/3/14, patient has complaints of pain and stiffness in both legs and difficulty in sleeping due to pain. Physical examination of the revealed increased pain and difficulty in ambulation, per the note dated 7/16/14 he had low back pain at 7/10 with numbness in bilateral legs; left neck pain radiates to shoulder, and physical examination revealed positive SLR, uses a cane for ambulation and decreased sensation in right thigh. Per the note dated 11/5/14 he had back pain at 7-9/10, limited range of motion and positive SLR and decreased sensation. The patient has had EMG/NCV that revealed bilateral L4 radiculopathy and right S1 radiculopathy NSAIDs like Ibuprofen are first line treatments to reduce pain. Ibuprofen 800mg #90 use is deemed medically appropriate and necessary in this patient.