

Case Number:	CM14-0045532		
Date Assigned:	07/02/2014	Date of Injury:	12/15/2002
Decision Date:	01/26/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Ohio. 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 43-year-old female with a date of injury of December 15, 2002. She injured her low back while lifting boxes. She had a fusion from L4-L5 in 2003 and a spinal cord stimulator implanted in 2009. She complains of low back pain radiating to the lower extremities. The physical exam reveals diminished lumbar range of motion, spasm of the lumbar paravertebral muscles, an absent right ankle jerk reflex, negative straight leg raise testing, and a lumbar facet load test which is positive at times and negative at others. She has been using a TENS unit. Her medications include a Duragesic patch, Flexeril, Ibuprofen 600 mg 3 times daily, and Norco 10/325 mg every 6 hours as needed for pain. This combination of medications is said to be effective, diminishing her pain from a 7/10 to a 5/10. The diagnoses include lumbar degenerative disc disease, lumbar strain, spondylolisthesis, post-fusion syndrome, and right-sided L5 radiculopathy. At issue is a request for Ibuprofen 600 mg, #90. The Utilization Review physician modified this number to #60 citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID usage Page(s): 23, 64.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief of low back pain. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as Acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and Acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this instance, the injured worker has been utilizing Ibuprofen for several months thus surpassing recommended guidelines for duration. It would seem that the injured worker has been utilizing the Ibuprofen regularly and not for short-term. Therefore, Ibuprofen 600mg #90 is not medically necessary.