

Case Number:	CM15-0008660		
Date Assigned:	01/26/2015	Date of Injury:	08/21/2013
Decision Date:	03/26/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/15/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old male who reported an injury on 08/21/2013, due to an unspecified mechanism of injury. On 12/11/2014, he presented for a followup evaluation. He reported persistent low back pain. His medications included Motrin 800 mg by mouth twice a day, and Ultracet 37.5/325 mg as needed. He was noted to be doing well with Motrin and Ultracet. It was stated that he would take Ultracet on an as needed basis, and Motrin daily. Objective findings with no significant change. His diagnoses included low back pain. The treatment plan was for ibuprofen 800 mg tabs. The rationale for treatment was to continue providing pain relief for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tabs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. While the documentation provided does indicate that the injured worker has had relief with the use of this medication, there was a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the duration of use with this medication is unclear and, without knowing how long he has been taking this medication, a continuation would not be supported, as it is only recommended for short term treatment. Furthermore, the frequency and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.