

Case Number:	CM15-0106330		
Date Assigned:	06/10/2015	Date of Injury:	02/15/2013
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 sustained an industrial injury on 2/15/13 when he felt and heard a popping noise from his right trochanteric area developing significant trochanteric pain. After treatment he injured his low back and developed radicular symptoms down the right leg. He had a lumbar epidural steroid injection with significant improvement and a trochanteric bursal injection into the right hip in 11/2014. He currently continues with improvement of low back and leg pain but notes a gradual resumption of right trochanteric pain. He uses ibuprofen occasionally for pain and has returned to work. On physical exam there is mild lumbar paraspinous tenderness in the lower facets and moderate tenderness and mild crepitus of the right greater trochanteric area. Diagnoses include lumbago; sciatica; enthesopathy of hip region; degeneration of lumbar or lumbosacral intervertebral disc. He had an MRI of the lumbar spine (no date) showing disc bulging desiccation at L4-5, L5-S1; MRI of the right hip (no date) showing no inflammation and right gluteal medius tendon thickening In the progress note dated 5/5/15 the treating provider's plan of care includes ibuprofen 800 mg, three times a day as needed #90 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments 8 C.C.R Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured now over two years ago and has trochanteric and low back pain. The ibuprofen is reportedly used occasionally, but on a chronic basis. The MTUS recommends NSAID medication primarily for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement, just subjective reports. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.