

Case Number:	CM15-0137312		
Date Assigned:	07/27/2015	Date of Injury:	09/12/2011
Decision Date:	08/21/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 36 year old male, who sustained an industrial injury, September 12, 2011. The injured worker previously received the following treatments Norco, Ibuprofen, lumbar facet joint syndrome and lumbar facet joint arthralgia/synovitis/facet joint pain, radiofrequency nerve ablation for comfort and provided relief. The injured worker was diagnosed with bilateral L5-S1 radiculopathy with lower extremity weakness, positive diagnostic bilateral L4-L5 bilateral L5-S1 medial branch block, L2-L3 disc protrusion measuring 1mm, L4-L5 disc protrusion measuring 1mm, L5-S1 disc protrusion measuring 1mm, lumbar facet joint arthropathy, lumbar degenerative disc disease, bilateral lumbar facet joint pain at L4-L5, L5-S1, lumbar facet joint arthropathy, chronic low back pain and lumbar strain/sprain. According to progress note of June 9, 2015, the injured worker's chief complaint was bilateral low back pain, left worse than the right. The pain was aggravated by prolonged sitting, prolonged standing, and lifting, twisting, driving, ay activities, lying down, coughing, sneezing and bearing down. There was with palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers, sustained hip flexion was positive bilaterally. The Ibuprofen provided 30% improvement of the injured worker's activities of daily living such as self-care and dressing. The treatment plan included a prescription for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #120 with 5 refills, 1 four times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears the ibuprofen is improving the patient's pain. However, guidelines not support the long-term use of this medication, and recommend that it be used at the lowest possible dose for the shortest time possible due to the risk of G.I. complications including G.I. hemorrhage and death. Therefore, a six-month prescription at the maximum allowable dose is inconsistent with guideline recommendations for this medicine. Unfortunately, there is no provision to modify the current request. As such, within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin (ibuprofen) is not medically necessary.