

Case Number:	CM15-0138530		
Date Assigned:	07/28/2015	Date of Injury:	05/21/2001
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/17/2015

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 is a 58-year-old male with an industrial injury dated 05/21/2001. His diagnoses included thoracic/lumbosacral neuritis, spinal stenosis, cervical spondylosis and brachial neuritis. Prior treatment included transforaminal right lumbar epidural steroid injection and medications. He presents on 04/28/2015 with new problems in neck radiating to arms and shoulders. He also complained of low back pain radiating pain to right plantar foot and lateral three toes. Physical exam of cervical spine noted normal range of motion testing. Inspection and palpation of the lumbar spine was within normal limits. Range of motion was limited with extension. The treatment request is for Ibuprofen 800 mg, #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #60 with 3 refills: Upheld

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

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

Decision rationale: Regarding the request for this NSAID, 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, there is an assertion on the part of the claims administrator via the utilization review process that this is a duplicate request. The patient had been certified for ibuprofen previously in May 2015. Therefore, this is yet another extended supply of several months, and this is not in line with CPMTG recommendations of short-term use only for NSAIDs. Given this, the current request is not medically necessary.