

Case Number:	CM15-0140506		
Date Assigned:	07/30/2015	Date of Injury:	03/22/2011
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 53 year old female, who sustained an industrial injury on March 22, 2011, incurring low back injuries after a slip and fall. A lumbar Magnetic Resonance Imaging revealed multi-level degenerative disc disease, lumbar disc protrusion with lumbar stenosis. She was diagnosed with lumbar disc disease, lumbar radiculopathy secondary to lumbar disc protrusion and lumbar stenosis. Treatments included pain medications, anti-inflammatory drugs, topical analgesic patches, acupuncture, physical therapy, home exercise program, and transcutaneous electrical stimulation. Currently, the injured worker complained of constant low back pain radiating to the right leg and right heel. She rated her pain a 5 to 8 on a pain scale of 1 to 10. The injured worker noted that the pain was more manageable with anti-inflammatory drugs. The treatment plan that was requested for authorization 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 600 mg, thirty count with three refills: Overturned

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

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 patient's pain is more manageable with anti-inflammatory drugs. It is acknowledged, that the current prescription includes 3 refills. However, the quantity is only 30 pills, which would indicate low dose or intermittent use. NSAIDs are not generally recommended for long- term use, therefore multiple refills are usually discouraged. However, due to the low quantity being requested in this case, the use of ibuprofen to improve the patient's function allow a home exercise program seems reasonable. As such, the currently requested Motrin (ibuprofen) is medically necessary.