

Case Number:	CM15-0147388		
Date Assigned:	08/21/2015	Date of Injury:	04/11/2007
Decision Date:	09/24/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

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 41-year-old male with an industrial injury dated 04-11-2007. The injured worker's diagnoses include lumbar disc disease and post laminectomy syndrome. Treatment consisted of prescribed medications, home exercise therapy and periodic follow up visits. In a progress note dated 07-13-2015, the injured worker reported 50% increase in pain without medications. The injured worker reported tingling in the legs with excessive exercises and tingling in the left leg while sitting greater than twenty minutes. The injured worker also reported that his feet "fall asleep." Objective findings revealed minimal lumbar spasms with tightness with straight leg raises on the left and decreased Achilles reflexes. The treatment plan consisted of medication management. The treating physician prescribed Ibuprofen 600 mg Qty 90, 3 per day, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg Qty 90, 3 per day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2007 and continues to be treated including for a diagnosis of post-laminectomy syndrome. When seen, he was having more pain without medications. He was exercising but having tingling in his legs. Physical examination findings included minimal lumbar spasms and tightness with straight leg raising with left straight leg raising. There was decreased lumbar flexion. Medications were refilled including ibuprofen. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.