

Case Number:	CM15-0160106		
Date Assigned:	08/26/2015	Date of Injury:	06/26/2014
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 55 year old female, who sustained an industrial injury on June 26, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having sacroilitis, lumbar sprain and strain, chronic pain syndrome and lumbosacral or thoracic neuritis or radiculitis unspecified. Treatment to date has included medial branch blocks, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. On July 30, 2015, the injured worker complained of constant low back pain with radiation to the left lower extremity with associated numbness. The pain was rated as a 9 on a 1-10 pain scale. On the day of the exam, current medications were listed as Naproxen and Lidoderm patches. Naproxen was noted to be "not helpful." Lidoderm patch provides "some pain relief." The treatment plan included possible surgery, Naproxen, LidoPro patches, ice therapy, a script for Ibuprofen, TENS and a follow-up visit. On August 6, 2015, utilization review denied a request for Ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Review indicates the report of 7/30/15 noted Naproxen to be "not helpful." Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Ibuprofen 800mg #90 is not medically necessary and appropriate.