

Case Number:	CM15-0160621		
Date Assigned:	08/27/2015	Date of Injury:	04/12/2013
Decision Date:	09/29/2015	UR Denial Date:	07/31/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on April 12, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar facet syndrome, lumbosacral sprain and contusion, multilevel lumbar spine disc herniations L1-S1 with foraminal narrowing, resolved right elbow sprain, right hip early degenerative arthritis, right shoulder rotator cuff tear, right shoulder sprain and status post right shoulder rotator cuff repair. Treatment to date has included diagnostic studies, injection, medial branch facet blocks, surgery and medication. On June 10, 2015, the injured worker reported a 50% improvement after he underwent radiofrequency rhizotomy at L3-L4 and L4-L5 bilaterally on May 30, 2015. He reported that he is now only taking one Ibuprofen per day for pain relief instead of two. The treatment plan included chiropractic treatment, Ibuprofen and a follow-up visit. A request was made for Ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg Qty 60 with 2 refills: Upheld

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

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

Decision rationale: Utilization of maximum (800mg) dosing of ibuprofen in chronic pain is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, utilization review has reasonably non-certified the request for 800mg tablets given the risk of chronic treatment. Because it is important to clearly document evidence of pain and functional improvement in order to ensure that the benefit of treatment outweighs the risk, the initial quantity of medication requested is not medically necessary without further documentation.