

Case Number:	CM15-0161779		
Date Assigned:	08/28/2015	Date of Injury:	06/13/2013
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 24-year-old male who sustained an industrial injury on 6-13-13. He had complaints of low back pain and required lumbar spine surgery. Progress report dated 7-15-15 reports continued complaints of constant low back pain rated 6 out of 10. The pain worsens with weather changes and activities and is made better by rest and medications of norco and Motrin. Diagnoses include status post right sided L4-5 microdisectomy, residual lumbar spine pain and slight antalgic gait secondary to his lower back pain. Plan of care include: request follow up exam for lumbar spine on 7-24-15, request toxicology screen, prescription given for norco 10-325 mg and Motrin 800 mg take 1 every 8 hours. Work status: return to modified duty sedentary work only and lifting limited to 5 pounds. If restricted duty is not available, will be considered temporarily totally disabled. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin (ibuprofen) 800 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin (ibuprofen) 800 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post right sided L4 - L5 microdiscectomy; residual lumbar spine pain; and slight antalgic gait secondary to low back pain. Date of injury is June 13, 2013. Request for authorization is July 27, 2015. According to a September 11, 2013 progress note, ibuprofen was prescribed at that time. This does not however necessarily represent the start date. According to a progress note, dated January 17, 2014, treatment with non-steroidal anti-inflammatory drugs (ibuprofen) does not provide significant improvement. According to the most recent progress note dated July 16, 2015, the injured worker has lumbar pain 6/10. Current medications include Norco and ibuprofen. The documentation does not demonstrate objective functional improvement. There has been no attempt at weaning ibuprofen since the progress note dated September 11, 2013. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with an attempt at weaning and no documentation-demonstrating objective functional improvement to support ongoing ibuprofen, Motrin (ibuprofen) 800 mg #90 is not medically necessary.