

Case Number:	CM15-0169533		
Date Assigned:	09/10/2015	Date of Injury:	09/14/2005
Decision Date:	10/14/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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 was a 50 year old male, who sustained an industrial injury, September 14, 2005. According to progress note of July 14, 2015, the injured worker's chief complaint was neck pain that radiated into the bilateral upper extremities. The pain was aggravated by activity and walking. The pain traveled down the arm. The low back pain radiated into the bilateral lower extremities and into the bilateral feet. The pain was aggravated by activity, bending, standing and walking. The injured worker rated the pain at 7-8 out of 10 in intensity with medications, since the last visit. The pain was rated at 9 out of 10 in intensity on average without medications since the last visit. The injured worker was having other related medication problems with GERD and constipation. The physical exam noted spinal vertebral tenderness at cervical spine C5-C7. The range of motion was moderately to severely limited, due to pain. There was significant pain with increased flexion, extension and rotation. There was decreased sensation in the bilateral upper extremities and the affected dermatome was C5-C7. The lumbar spine was moderately to severely limited. The pain significantly increased with flexion and extension. The sensory exam noted decreased sensation to touch along the L4-L5 and L5-S1 dermatomes in the bilateral lower extremities. The motor exam showed moderately decreased strength in the right lower extremity. There was tenderness note in the right shoulder and bilateral hips. The injured worker was undergoing treatment for cervical spine pain, cervical disc degeneration, cervical radiculopathy, status post cervical spine fusion at C5-C6 and C6-C7; lumbar radiculopathy, bilateral; hip pain, right shoulder pain, anxiety, depression,. Diabetes mellitus and gastroesophageal reflux disease (GERD). The injured worker previously received the following treatments random toxicology

laboratory studies which were negative for unexpected finding, stool softener for constipation, epidural steroid injection on January 13, 2015 with duration of improvement for 2 days, Norco for severe pain, Gabapentin, Pantoprazole, Senna S, Tizanidine, Tramadol and Ibuprofen 800mg 2 times daily with food, lumbar spine MRI and cervical spine MRI. The RFA (request for authorization) dated the following treatments were requested a prescription for Ibuprofen 800mg #60 prescribed on August 10, 2015. The UR (utilization review board) denied certification on August 18, 2015, for the Ibuprofen due to there was no significant improvement with pain medication for the injured worker, Therefore, the request was not considered medically necessary and as such the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg quantity 60: 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: 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 2005 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 quantity 60 is not medically necessary and appropriate.