

Case Number:	CM15-0184000		
Date Assigned:	09/24/2015	Date of Injury:	04/01/2009
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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:

This injured worker is a 55-year-old male, who sustained an industrial injury on 04-01-2009. The injured worker was diagnosed as having cervical dis degeneration, chronic pain - other, cervical facet arthropathy, cervical failed back surgery syndrome, cervical radiculopathy, status post cervical spinal fusion chronic pain- other status post anterior cervical disectomy and fusion. On medical records dated 07-20-2015 and 06-08-2015, subjective complaints were noted as having neck pain, low back pain ongoing headaches with insomnia associated with ongoing pain. Pain was rated a 9 out of 10 with medication and 10 out of 10 without medications. The injured workers pain was noted worse this last visit and activities of daily living limitations were noted due to pain. Objective findings were noted as cervical spine revealed no gross abnormality, spinal vertebral tenderness was noted in the cervical spine C4-C7, and tenderness to palpation at the bilateral paravertebral C4-C7 area. Range of motion of cervical spine was moderate to severely limited due to pain. The injured worker was noted to be not working. Treatment to date included diagnostic studies, medication, surgical intervention and steroid injections. Current medication was listed as Cyclobenzaprine, Ibuprofen, Norco, Doxepin, Tramadol and Gabapentin. The injured worker was noted to be taking Ibuprofen since at least 01-2015. The Utilization Review (UR) was dated 08-26-2015. A request for Ibuprofen 800mg #90 take on tablet by mouth twice daily. The UR submitted for this medical review indicated that the request for Ibuprofen 800mg #90 take on tablet by mouth twice daily 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 #90 take on tablet by mouth twice daily: Overturned

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: MTUS Guidelines do not support the long-term daily use of NSAID medications for chronic pain disorders. However, the Guidelines do support limited use for flare-ups on a long-term basis. This NSAID is being recommended for as needed use at a dose much less than the maximum recommended. Although there is little documented evidence of significant benefit, it is reasonable to assume that this individual is able to determine what is beneficial for use on an as needed basis. Under these circumstances, the Ibuprofen 800mg #90 take on tablet by mouth twice daily as needed, is consistent with Guidelines and is medically necessary.