

Case Number:	CM15-0184119		
Date Assigned:	09/24/2015	Date of Injury:	02/22/2010
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
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: Physical Medicine & Rehabilitation, Pain Management, 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 45 year old male, who sustained an industrial injury on 2-22-2010. The injured worker is undergoing treatment for: lumbar herniated disc. On 4-17-15, he reported doing great and noting significant improvement. On 6-30-15, he reported doing "great". On 9-8-15, he reported "significant improvement" He is seen for follow up of lumbar intervertebral disc displacement. Physical findings revealed a normal gait and posture. "Behaviors within expected context of disease". Ibuprofen is noted as requested for occasional flares. The records do not discuss the efficacy of Ibuprofen, or provide pain level. His functional level is described as waiting on impairment rating in hopes of going to school. The treatment and diagnostic testing to date has included: home exercise program, functional restoration program. Medications have included: Ibuprofen, Tizanidine, Vicodin. Current work status: permanent and stationary. The request for authorization is for: Ibuprofen 600mg quantity 90 with 5 refills. The UR dated 9-15-2015: non-certified the request for Ibuprofen 600mg quantity 90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 Mg # 90 With 5 Refills: 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 2009 states that anti-inflammatory drugs should be used at the lowest dose and for the shortest duration possible. It also reports significant adverse events associated with the heart, kidneys and liver. However in this case the patient is diagnosed with chronic pain and this is the only medication that is currently used. This request for ongoing use of ibuprofen does not adhere to evidence based guidelines. However, based on the patient's outcome, this request for ongoing Ibuprofen is medically necessary since the medication is effective in controlling pain and improving pain limited function.