

Case Number:	CM15-0185506		
Date Assigned:	10/16/2015	Date of Injury:	12/08/2003
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 12-8-03. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease, chronic low back pain, bilateral right greater than left radicular pain and failed back surgery syndrome. The injured worker was disabled. On (8-11-15 and 6-30-15) the injured worker reported low back pain. The injured worker was receiving epidural steroid injections which were noted to almost completely eliminate his pain. The injured worker was taking Ibuprofen for breakthrough pain and was noted to have decreased his Ibuprofen use from 1600 mg a day to 800 mg a day. Examination of the lumbar spine revealed mild spine tenderness and pain with flexion and extension. Range of motion was within normal limits. Deep tendon reflexes and sensation were normal. The injured workers pain level was 0 out of 10 on 6-30-15 and 5 out of 10 on 8-11-15 on the visual analogue scale. Treatment and evaluation to date has included medications and lumbar transforaminal epidural steroid injections (most recent 5-11-15). Current medications include Ibuprofen (since June of 2015) and sertraline. The request for authorization dated 8-18-15 included Ibuprofen 800 mg # 30. The Utilization Review documentation dated 9-1-15 non-certified the request for Ibuprofen 800 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #30: 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: The request for ibuprofen is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. The patient had improvement in pain and function. However, a dose of greater than 400mg shows no added benefit. The requested dosage exceeds the recommended amount. Chronic NSAID use comes with many risk factors including renal dysfunction and GI bleeding. Therefore, the request for ibuprofen is not medically necessary.