

Case Number:	CM15-0185619		
Date Assigned:	09/25/2015	Date of Injury:	10/18/2012
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
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: 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 is a 48 year old male, who sustained an industrial-work injury on 10-18-12. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury with concussion, cervical sprain with left upper extremity radiculopathy, post-traumatic hearing impairment and post-traumatic headaches with cervical occipital headaches. Medical records dated (4-29-15 to 8-17-15) indicate that the injured worker is for follow up regarding closed head injury, cervical sprain with left upper extremity radiculopathy in the C6 distribution and weakness overall. There is interval left upper extremity improvement. He continues to have headaches with pushing, pulling or reaching. The pain is rated 6-7 out of 10 on the pain scale which has been unchanged. He states that the Ibuprofen and other medications have been helping to alleviate the pain. Per the treating physician report dated 8-17-15 the injured worker has not returned to work. The physical exam dated 8-17-15 reveals that there is tenderness in the upper back neck cervical midline and paravertebral muscles both sides, neck rotation right and left is 60 degrees, flexion extensions are done with some extension discomfort and shoulder raise is to above the chest. Treatment to date has included pain medication Diclofenac, Omeprazole, Alprazolam, Cyclobenzaprine, Frova, Ibuprofen since at least 1-2-15 , physical therapy, trigger point injection 7-7-15 with 70 percent relief, massage therapy, and other modalities. There is no urine drug reports noted in the record. The request for authorization date was 8-17-15 and requested service included Ibuprofen 600mg, #60 with 3 refills. The original Utilization review dated 8-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, #60 with 3 refills: 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 NSAIDs 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, concurrent use (as in this case with Diclofenac and Ibuprofen) and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2012 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 600mg, #60 with 3 refills is not medically necessary and appropriate.