

Case Number:	CM15-0191851		
Date Assigned:	10/05/2015	Date of Injury:	06/08/2001
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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: Internal 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 male individual who sustained an industrial injury on 6-8-01. The medical records indicate that he injured worker has been treated for L4-5 laminectomy-discectomy; urinary hesitancy-retention; neurogenic bladder. He currently complains of low back pain with intermittent radicular symptoms and spasms that was aggravated by recent travel and he is using a can for ambulation. He reports his medications buprenorphine manages his pain, diazepam and Soma manage his spasms, tizanidine helps with his sleep issues. The injured worker was treated with medications: ibuprofen (the duration was not present), buprenorphine, Soma, diazepam, tizanidine. On 9-14-15 Utilization Review non-certified the request for ibuprofen 800mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90 with 2 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Up to date topic 9682 and version 145.0.

Decision rationale: The guidelines state that Motrin and NSAIDs in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAIDs have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAIDs may actually delay healing of all soft tissue if given on a chronic basis Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. Our patient is already on Buprenorphine for treatment of chronic pain. The addition of Motrin on a chronic basis offers more risk of side effects than benefits. If pain is not well controlled the dose of Buprenorphine can be titrated up. The UR was justified in its decision, therefore is not medically necessary.