

Case Number:	CM15-0191897		
Date Assigned:	10/05/2015	Date of Injury:	03/25/2003
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
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: Texas, California

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 64 year old male, who sustained an industrial injury on 3-25-2003. The injured worker was being treated for fibromyositis, degeneration of lumbar intervertebral disc, aseptic necrosis of bone, depressive disorder, chronic pain syndrome, and enthesopathy of hip region. Treatment to date has included diagnostics, physical therapy, functional restoration program, and medications. Currently (8-31-2015), the injured worker complains of "significant" low back, buttock, lower extremity, hip and knee pain, rated 5 out of 10 (average pain rated 5-6 out of 10 on 4-10-2015). Past medical history included asthma, depression, high blood pressure, high cholesterol, and sleep apnea. Medication use included Flector patches, Lidoderm patches, and Ibuprofen 800mg three times daily as needed. Other medication list includes Cyclobenzaprine. Physical exam noted him as "poorly ambulatory", with seated straight leg raise bilaterally, with reflexes 1+ in the knees and absent in the ankles, and 2+ lower extremity edema to just above the ankle. His blood pressure was 165 over 78. Aqua therapy was requested, noting that he would not tolerate land based therapy, and continued medications were recommended. His current function with activities of daily living was not described. The treating physician documented him as "unable to compete the open labor force". The treatment plan included Ibuprofen 800mg #270 with 5 refills, non-certified by Utilization Review on 9-11-2015. Per the note dated 9/1/15 the patient had complaints of low back pain at 5/10. Physical examination of the low back revealed poor ambulation and decreased reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #270 with 5 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): Anti-inflammatory medications.

Decision rationale: Ibuprofen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)" The patient is having chronic pain and is taking Ibuprofen for this injury. Response to Ibuprofen in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The amount of ibuprofen requested is 270 tablets with 5 refills. The need for NSAIDs on a daily basis for 5 to 6 months with lack of documented improvement in function is not fully established. The continuous prolonged use of high doses of NSAIDS may cause side effects. Lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. The request for Ibuprofen 800mg #270 with 5 refills, as submitted, is not medically necessary or established for this patient.