

Case Number:	CM15-0195749		
Date Assigned:	10/09/2015	Date of Injury:	08/08/2005
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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 62 year old female, who sustained an industrial injury on 8-8-2005. Diagnoses include status post left shoulder arthroscopy in 2006, status post lumbar fusion in 2007 and 2012, bilateral sacroiliitis, lumbar facet syndrome, flat back syndrome, lumbar radiculopathy, and status post sacroiliac joint fusion on 2-4-14. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatment, chiropractic therapy, and injections. On 6-22-15, she complained of ongoing pain in the low back, hips, groin, and radiation into the left lower extremity. Pain was rated 10 out of 10 VAS without medications and 5 out of 10 VAS with medications. Current medications listed included Amitiza, Lunesta, Ibuprofen, Nucynta, and Butrans patches, Neurontin, Xanax, Norco and Soma. The medications were noted to decreased pain and increase functional ability. The physical examination documented limited lumbar decreased range of motion with guarding and slowed movements noted. There was diffuse tenderness of the lumbosacral junction and difficulty with changing positions. Trigger point injections were provided on this date. The plan of care included ongoing medication therapy. The appeal requested authorization for Ibuprofen 800mg #60 with three refills. The Utilization Review dated 9-21-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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 NSAID's 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 and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2005 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 800mg #60 with three refills is not medically necessary and appropriate.