

Case Number:	CM15-0200925		
Date Assigned:	10/16/2015	Date of Injury:	12/07/2001
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old male who sustained an industrial injury on 12-07-2001. According to a Doctor's First Report of Occupational Injury dated 08-28-2015, the injured worker presented with left wrist and low back pain problems. Treatment to date has included physical therapy, medications and lumbar fusion. He now had persistent low back pain radiating to the bilateral lower extremities. His low back pain was a stabbing type of pain that was worse with standing and walking. His lower extremity leg pain was described as tingling and numbness. He felt his pain was getting progressively worse. He had also had bowel and bladder accidents for the last five years. Physical examination demonstrated spasms in the lumbar paraspinal muscles and stiffness. Lumbar spine forward flexion was 25 degrees and extension was less than 5 degrees which was associated with increased pain. Tenderness was noted in the lumbar facet joints bilaterally. Dysesthesia was noted to light touch in the bilateral S1 more so than L5 dermatome. Right ankle plantar flexion and dorsiflexion was 4 out of 5. Left ankle plantar flexion was 4 plus out of 5. Reflexes were 3 plus at bilateral knee and 2 plus at bilateral ankle. Straight leg raise was noncontributory. Diagnoses included clinically consistent lumbar radiculopathy, status post posterior lumbar fusion L1, L2, L3 with autograft, lumbar facetal pain and possibility of neurogenic bowel and bladder. The treatment plan included Ibuprofen and a neurosurgical consultation. Follow up was indicated in four to five weeks. He could continue to work as tolerated. An authorization request dated 09-12-2015 was submitted for review. The requested services included Ibuprofen 800 mg #60 and neurosurgical consultation. On 09-24-2015, Utilization Review non-certified the request for Ibuprofen 800 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #60: 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: According to the MTUS Anti-inflammatories are the traditional first lines of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) Recommended with cautions below: Disease-State Warnings for all NSAIDs: All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in injured workers with moderate hepatic impairment and not recommended for injured workers with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of injured workers taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. According to the documents available for review, it appears that the injured worker is taking this medication for long-term therapy of a chronic condition. Given the increased risks associated with long-term use of this medication and no documented evidence that the lowest possible dose is being used for the shortest period of time, the requirements for treatment have not been met and medical necessity has not been established.