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| Case Number: | CM15-0201077 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 12/22/2001 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/21/2015 |
| 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 12-20-01. Medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar spinal stenosis, cervical spinal stenosis, hip pain, chronic pain due to trauma, complex regional pain syndrome of the right lower extremity, osteoarthritis of the hip and pelvis and post lumbar spine surgery syndrome. The injured worker has a history of malignant melanoma. The injured workers current work status was not identified. On (9-2-15) the injured worker complained of a flare-up of back pain as well as her complex regional pain syndrome of the right lower extremity. The injured worker had a fall due to her right ankle giving out, which resulted in a head laceration. The injured worker noted that due to the fall, she experiences headaches and it has flared the right lower extremity pain. Examination of the lumbar spine revealed tenderness to palpation over the lumbar four through sacral one area. Right lower extremity examination revealed positive color changes, allodynia to light touch and atrophic changes over the dorsum of the foot. The pain was rated 10+ out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, casting, lumbar sympathetic blocks, aquatic therapy, physical therapy, epidural steroid injections and an ankle foot orthosis brace. Current medications include Ibuprofen (since at least April of 2015), Clonidine, Metoprolol and Lidoderm patches. Medications tried and failed include alprazolam, Ambien CR, Biofreeze, Celebrex, Celexa, Duragesic patches, Effexor, Flexeril, Lexapro, Lidoderm patches, Lyrica, Norco, Nucynta ER and Opana IR. The treating physician noted that the prescription for Ibuprofen was for a twelve-month supply, due to the distance the injured worker lived from the

clinic and her other comorbid conditions. The current treatment request is for Ibuprofen 800 mg # 90 with 3 refills. The Utilization Review documentation dated 9-21-15 modified the request to Ibuprofen 800 mg # 90, (original request # 90 with 3 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen tablet 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long-term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The available medical record notes failure of oral NSAIDS but also states that they are necessary for pain control. The record further elaborates that the expected duration of therapy for this NSAID is the lifetime of the patient. The CA MTUS, based on the section cited above does not necessarily forbid such long-term use but does indicate concern for multi system side effects associated with its use. The record provides no indication that the IW is being followed for any of the side effects of concern and the treating physician states that the prescription and refills are for one full year of medication. A year is too long to not have an appropriate evaluation for side effects from this medication. The previous review recommended elimination of refills and that would be appropriate in this case. As such, the request for Ibuprofen tablet 800mg #90 with 3 refills is not medically necessary.