

Case Number:	CM15-0201200		
Date Assigned:	10/16/2015	Date of Injury:	06/17/2008
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
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 61 year old male, who sustained an industrial-work injury on 6-17-08. A review of the medical records indicates that the injured worker is undergoing treatment for cervical decompression and fusion, large extruded lumbar disc, post-laminectomy syndrome, left shoulder internal derangement, depression and anxiety with history of hypertension. Medical records dated 2-20-15 and 9-18-15 indicate that the injured worker complains of neck and low back pain that radiates to the bilateral lower extremities (BLE). The medical records document that the medications help him to stay active and without the medication his activity levels are greatly decreased. Medical record dated 2-20-15 the physician indicates that "he has stopped using Ibuprofen". The medical records also indicate that the activities of daily living (ADL) are stable. Per the treating physician report dated 9-18-15 work status is permanent and stationary. The physical exam reveals tenderness in the cervical musculature with limited range of motion secondary to pain. There is full range of motion and strength in the bilateral upper extremities. The lumbar musculature is diffusely tender with bilateral straight leg raise. Treatment to date has included pain medication, Norco, Pamelor, Prilosec, Ibuprofen since at least 2-20-15, 2 lumbar surgeries, 1 cervical surgery, and other modalities. The treating physician indicates that the urine drug test result dated 9-18-15 was consistent with the medication prescribed. The request for authorization date was 9-21-15 and requested service included Prospective Ibuprofen 800mg, #60. The original Utilization review dated 9-30-15 non-certified the request for included Prospective Ibuprofen 800mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Ibuprofen 800mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), 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 treating physician does not document a decrease in pain or functional improvement from the use of Ibuprofen or even any stated indication for the use of ibuprofen. As such the request for Ibuprofen 800mg, #60 is deemed not medically necessary.