

Case Number:	CM15-0027804		
Date Assigned:	02/20/2015	Date of Injury:	03/28/2007
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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: California, Hawaii
 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 59 year old male with an industrial injury dated 03/27/2007. The injured worker states while performing his regular job duties he was retrieving an air compressor from a coach when he felt pain in his lower back. Exam on 01/07/2015 revealed restricted range of motion of the lumbar spine with tenderness. Gait was normal. Prior treatments include transforaminal epidural injection, physical therapy, home exercise program and chiropractic treatments. MRI of the lumbar spine dated 07/26/2014 (noted in the 01/07/2015 note) showed lumbar 5-sacral 1 broad central 1 mm disc bulge with left paracentral annular fissure and mild bilateral foraminal narrowing. It also showed mild bilateral lumbar 4-5 and right lumbar 3-4 foraminal narrowing due to disc bulging. No foraminal stenosis was identified. Diagnoses were lumbar radiculopathy, spinal/lumbar degenerative joint disease and low back pain. On 01/23/2015 the request for Ibuprofen 600 mg take one twice daily as needed # 60 was non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 MG Take 1 Twice Daily As Needed #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Ibuprofen 600 MG Take 1 Twice Daily as Needed #60. The treating physicians report dated 1/7/15 (11B) states, "The patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications." Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The report dated 1/7/15 notes that the patient's pain level decreases from 5/10 to 3/10 while on current medication. The report goes on to show that the patient is currently working full time. In this case, the patient's pain level decreases from the use of Ibuprofen and there is documentation of functional improvement. The current request satisfies the MTUS guidelines as outlined on page 60 for medication usage for the treatment of chronic pain. Recommendation is for authorization.