

Case Number:	CM15-0216784		
Date Assigned:	11/06/2015	Date of Injury:	08/25/1998
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 53 year old female, who sustained an industrial injury on 8-25-1998. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, intermittent lower extremity radiculitis, diffuse regional myofascial pain, chronic pain syndrome with sleep and mood disorder, diabetes, asthma, and hypertension. On 10-13-2015, the injured worker reported low back pain that radiated into the right buttock and right lower extremity with radiation up to the mid back. The Primary Treating Physician's report dated 10-13-2015, noted the injured worker with constant pain with intermittent exacerbations and the intensity of the pain ranging from 2-8 out of 10 depending on the injured worker's activities with the pain alleviated with rest and medications. The injured worker was noted to have a history of diabetes, asthma, obesity, sleep apnea, and hypertension. The injured worker's current medications were noted to include Ibuprofen for pain, prescribed since at least 7-8-2015. The physical examination was noted to show intermittent hypesthesia in the L5 disc dermatome with sensation intact to light touch and significant myofascial tenderness in the right lumbar paraspinal muscles and right gluteal musculature. Prior treatments have included "conservative" treatments including rest, medications, physical therapy, acupuncture, and trigger point injection. The treatment plan was noted to include physical therapy, psychology, and acupuncture referrals and Ibuprofen. The injured worker's work status was noted to be maximally medically improved. The request for authorization was noted to have requested Ibuprofen 600mg #90 with 5 refills. The Utilization Review (UR) dated 10-26-2015, modified the requested Ibuprofen 600mg #90 with 5 refills to certify one month only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 MG #90 with 5 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, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg and mid-back, problems sleeping, fatigue, decreased hunger, and problems thinking. The submitted recorded pain assessments contained few of the elements suggested by the Guidelines. There was no documentation describing the worker's gastrointestinal and heart risks, detailing how ibuprofen improved the worker's function, or reporting the results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for a large number of refills, which would not allow for changes in the worker's care needs or risk issues. For these reasons, the current request for ninety tablets of ibuprofen 600mg with five refills is not medically necessary.