

Case Number:	CM15-0034913		
Date Assigned:	03/03/2015	Date of Injury:	10/18/2012
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 10/18/2012. He has reported twisting and experiencing back pain. The diagnoses have included lumbar disc displacement without myopathy, failed back surgery and chronic pain syndrome. He is status post L4-S1 decompression and discectomy with interbody fusion 2004, status post removal of posterior lumbar hardware and decompression laminectomy L3-4 2004. Treatment to date has included medication therapy, steroid injections, physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the IW complains of continued back pain, rated 8-9/10 VAS increased with movement and Range of Motion (ROM). Physical examination from 12/31/14 documented observation of difficulty with ambulation, sitting and standing due to pain. Straight leg raise positive bilaterally. Decreased muscle strength, tenderness and left knee with Positive McMurray's sign and positive Apley's test. The plan of care included medication therapy. On 2/12/2015, Utilization Review modified certification for Ibuprofen 600mg #90 with no refills. The MTUS Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of ibuprofen 600mg #90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg, ninety count with three refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Ibuprofen 600 mg #90 with 3 refills is accompanied by excellent documentation of improved function at this dose. In the acute period of time after an injury, shortening therapy is reasonable and indicated ot improve healing. However, based on the length of time since the original injury in this case, it is not reasonable to expect that there would be a decrease in need for use of ibuprofen as part of an overall pain management strategy over the next 3 month period. Ibuprofen 600 mg 90 count with 3 refills is medically necessary.