

Case Number:	CM15-0035145		
Date Assigned:	03/03/2015	Date of Injury:	07/05/2002
Decision Date:	04/20/2015	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: California

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 73-year-old male who sustained an industrial injury on 7/5/02. The injured worker reported symptoms in the back. The injured worker was diagnosed as having chronic myoligamentous lumbar spine strain/sprain, multi-level lumbar spondylosis, persistent left lower extremity radicular complaints, lumbar disc protrusion and lumbar degenerative disc disease. Treatments to date have included non-steroidal anti-inflammatory drugs, activity modification. Currently, the injured worker complains of lower back pain with associated numbness and tingling. The plan of care was for a raised toilet seat a non-steroidal anti-inflammatory drugs prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

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) for chronic low back pain Page(s): 67-68.

Decision rationale: This 73-year-old patient receives treatment for chronic low back pain. The original date of injury is 07/05/2002. This review covers a request for ibuprofen 800 mg. Ibuprofen is an NSAID. The treatment guidelines recommend NSAIDS for the short-term management of low back pain exacerbations. It is not safe to use NSAIDS when there is evidence of chronic kidney disease stages III, IV, or V, as defined lowered eGFR values. The documentation does not what the patient's kidney function is. NSAIDS are also associated with cardiovascular and gastrointestinal side effects. The documentation does not address these hazards in this elderly man either. Ibuprofen is not medically indicated.