

Case Number:	CM15-0035709		
Date Assigned:	03/04/2015	Date of Injury:	01/01/2007
Decision Date:	04/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 53-year-old female, who sustained an industrial injury on 1/1/2007. The diagnoses have included low back pain and lumbar spondylosis. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 2/4/2015, the injured worker complained of low back pain and right buttock pain. It was noted that an electromyography (EMG) was positive for peripheral neuropathy. She had failed both neurontin and Lyrica. No physical exam was documented for this visit. Recommendation was for epidural steroid injection (ESI) and a possible spinal cord stimulator (SCS). The injured worker was declining the SCS. Norco and Ibuprofen were prescribed. On 2/20/2015 Utilization Review (UR) non-certified a request for Ibuprofen 800mg #240. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with lower back pain and right buttock pain rated 8/10. The patient's date of injury is 01/01/07. Patient has no documented surgical history directed at this complaint. The request is for IBUPROFEN 800MG #240. The RFA was not provided. Progress note dated 02/04/15 does not include any physical findings. This report refers to the previous report for physical findings, however the previous report does not include any physical findings either. The patient is currently prescribed Docusate Sodium, Esomeprazole, Hydrocodone, Lutera, Oxycodone, Paxil, and Amitiza. Diagnostic imaging was not included. Patient is currently classified as 70 percent permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for Ibuprofen, the treater has not documented pain reduction or functional improvement attributed to this medication. It is unclear how long this patient has been taking Ibuprofen and to what effect. NSAIDs such as Ibuprofen are considered first line medication for complaints of this type, though without a clear rationale for utilization or established prior efficacy medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.