MAXIMUS Federal Services

Case Number:	CM15-0041421		
Date Assigned:	03/11/2015	Date of Injury:	08/04/2011
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on 8/4/11. She has reported low back injury after moving heavy candy racks and soda coolers. The diagnoses have included chronic low back pain with radicular pain, discogenic disc disease, lumbar degenerative disc disease (DDD), lower extremity radiculopathy bilaterally, and right foot drop motor radiculopathy. Treatment to date has included medications, diagnostics, injections, and physical therapy. Currently, as per the physician progress note dated 1/6/15, the injured worker complains of severe low back pain that radiates down bilateral lower extremities. She rates the pain 7-9/10 with numbness and tingling bilateral legs and feet. Physical exam of the lumbar spine revealed tenderness, muscle spasms, and decreased range of motion. The lower extremities revealed decreased sensation in the right thigh/leg with give-away weakness noted. The physician noted that she continues with severe low back pain with radiation to bilateral lower extremities with numbness and tingling in the legs and feet. It was noted that she was taking Ibuprofen 2-3 times a day and the physician would like to wean the medication to once a day. The Treatment Plan included urine drug screen, pain management agreement, medications, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: The patient's records indicate a history of gastritis per the primary treating physician's report (9/4/14). This is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given a history of gastritis (no physical exam findings objectively describe the symptoms based on the provided records), and no objective measure in functional improvement on the medication, it appears the risk of treatment with ibuprofen at high dose likely outweighs the benefit and therefore the treatment is not considered medically necessary. Weaning is not required in the case of ibuprofen.