

Case Number:	CM15-0046767		
Date Assigned:	03/19/2015	Date of Injury:	05/28/2008
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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, Pain Management

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 was a 48 year old male, who sustained an industrial injury, May 28, 2008. The injured worker previously received the following treatments EMG/NCV (electromyography/ nerve conduction velocity studies), lumbar spine MRI, physical therapy, laboratory studies, Gabapentin, Elavil, Motrin, Biofreeze, Prilosec, Ultram and Ibuprofen. The injured worker was diagnosed with low back pain left greater than the right lower extremity pain and neck pain. According to progress note of December 10, 2014, the injured workers chief complaint was pain with medication the pain level was 4-5 out of 10 and without pain medication 9-10 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was able to function in home responsibilities and social functions. The injured worker was having difficulties with upset stomach with the Ibuprofen. The physical exam noted deep tendon reflexes were equal and symmetric in the bilateral lower extremities. The lumbar range of motion was limited in both flexion and extension. The treatment plan included a prescription for Ibuprofen 800mg tablets on December 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tabs #90 with 1 refill TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is pain relief and functional improvement noted with the use of the medication. The patient is complaining of upset stomach due to the medication, but omeprazole has also been prescribed to help with these symptoms. In light of the above, the currently requested ibuprofen is medically necessary.