MAXIMUS Federal Services

Case Number:	CM15-0052009		
Date Assigned:	03/25/2015	Date of Injury:	02/28/2003
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
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 applicant is a represented 50-year-old who has filed a claim for chronic neck, back, and hand pain reportedly associated with an industrial injury of February 28, 2003. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for Motrin. The claims administrator referenced a February 10, 2015 progress note in its determination. The claims administrator seemingly contended that the applicant had failed to profit from ongoing Motrin usage. The applicant's attorney subsequently appealed. On February 20, 2015, the attending provider appealed the previous denial of ibuprofen. The attending provider acknowledged that the applicant had some dyspepsia with the same. The attending provider suggested that the applicant's ability to perform household chores, self-care, and personal hygiene have been ameliorated as a result of ibuprofen consumption. The attending provider did not explicitly state the applicant's work status, although it did not appear that the applicant was working.In a progress note dated May 20, 2014, the applicant reported 8-9/10 neck, hand, and low back pain, exacerbated by standing and walking. Ultram, Desyrel, MiraLax, baclofen, Motrin, and ThermaCare heat wraps were endorsed. A 15-pound lifting limitation was renewed. It did not appear that the applicant was working with said 15-pound lifting limitation in place. On office visits of June 17, 2014 and September 11, 2014, the same, unchanged, 15-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. On September 11, 2014, the applicant again reported 7-9/10 neck, hand, and low back pain complaints, exacerbated by walking, standing, gripping, and grasping. Multiple

medications, including Motrin, Cymbalta, ThermaCare, baclofen, MiraLax, tramadol, Desyrel, and Cymbalta were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant consistently reported pain complaints as high as 8-9/10, despite ongoing ibuprofen usage. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing ibuprofen usage. The applicant had seemingly failed to return to work following imposition of 15-pound lifting limitation which was seemingly renewed, unchanged, from visit to visit. Ongoing usage of ibuprofen failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications, including Cymbalta, baclofen, tramadol, Effexor, Desyrel, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request is not medically necessary.