

Case Number:	CM15-0054080		
Date Assigned:	03/27/2015	Date of Injury:	09/20/2011
Decision Date:	05/05/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii 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:

This 58 year old woman sustained an industrial injury on 9/20/2011. The mechanism of injury is not detailed. Diagnoses include chronic thoracic muscle sprain with underlying degenerative disc disease and chronic myofascial pain. Treatment has included oral medications. Physician notes dated 2/27/2015 show complaints of aching to the mid and low back. Recommendations include refilling current medications, monitor body mechanics, do regular stretches, and future physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg BID #60 with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, hypertension and renal function Page(s): 22, 68.

Decision rationale: The patient presents with mid and low back pain more on the right side that worsens with repetitive use of the upper extremities or prolonged walking. The current request is for Ibuprofen 600 mg BID #60 with three refills. The treating physician

states on 2/27/15 (B21) that the patient "manages her symptoms with tizanidine 4 mg at night for muscle spasms and occasionally she takes ibuprofen." MTUS Guidelines state that, 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. MTUS Guidelines further indicate that NSAIDs are recommend with precautions and that Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. MTUS Guidelines continue with the following recommendations: "Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.)." In this case, there is no documentation that the patient has cardiovascular disease or GI risk factors. There is documentation that the prescribed Ibuprofen is decreasing pain and allowing the patient to function better. Therefore, the request is medically necessary and the recommendation is for authorization.