

<b>Case Number:</b>	CM15-0064203		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/24/2002
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 39 year old male, who sustained an industrial injury on 4/24/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having a cervical facet joint pain and arthropathy, cervical disc protrusion, cervical stenosis, cervical and thoracic degenerative disc disease, thoracic disc protrusion, thoracic radiculopathy and stenosis. There is no record of a recent diagnostic study. Treatment to date has included medication management. In progress notes dated 2/12/2015 and 3/24/2015, the injured worker complains of neck pain that radiates to the shoulders and upper back. The treating physician is requesting Ibuprofen and a follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 67. Decision based on Non-MTUS Citation web-based edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Pages: 64, 102-105, 66 Page(s): NSAIDS. Pages: 64, 102-105, 66.

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDS had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Ibuprofen is not medically necessary.

**1 Follow-up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Follow-up visits Page(s): 405.

**Decision rationale:** MTUS guidelines specifically states regarding follow-up visits, "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." Regarding this patient's case, a follow up visit was requested to reassess her response to the frequent use of an NSAID medication. While this medication has been judged to not be medically necessary, follow up visits to reassess a patient's symptoms and the need for additional treatment is standard medical practice. There is no reason to deny the requesting physician such a request. Likewise, this request is considered medically necessary.