

Case Number:	CM15-0082026		
Date Assigned:	05/04/2015	Date of Injury:	03/28/2000
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male, who sustained an industrial injury on 03/28/2000. He reported spine, testicular, chest, and leg pain with numbness in his arms. The injured worker is currently diagnosed as having bilateral inguinal hernia repairs, lower back pain with lumbar sprain/strain and lumbar degenerative joint disease, and history of cervical sprain/strain with underlying spondylosis and cervicogenic headaches. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit, massage, cervical spine MRI, exercise, and medications. In a progress note dated 03/25/2015, the injured worker presented with complaints of back pain that continues to radiate into right buttock area, ongoing bilateral groin and inguinal pain, headaches, and neck pain. The treating physician reported requesting authorization for Ibuprofen and manipulation of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72 and 67-73.

Decision rationale: Prescription of Ibuprofen 800mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Ibuprofen can be used for mild pain to moderate pain with doses greater than 400 mg have not provided greater relief of pain. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Ibuprofen for an extended period (since 2013) without evidence of significant pain. Furthermore, Ibuprofen doses over 400mg have not shown greater relief of pain. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Ibuprofen is not medically necessary.

Unknown manipulation of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Unknown manipulation of the cervical and lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that manual therapy time to produce effect is 4 to 6 treatments 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Treatment beyond 4-6 visits should be documented with objective improvement in function. The documentation indicates that the patient has had prior manipulation treatments without evidence of significant functional improvement. Furthermore, the request does not specify a quantity therefore the request for unknown manipulation of the cervical and lumbar spine is not medically necessary.