

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0082555 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 06/06/2001 |
| Decision Date: | 06/03/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/30/2015 |

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: Massachusetts

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 is a 46-year-old male, with a reported date of injury of 06/06/2001. The diagnoses include lumbar spine stenosis, lumbar facet arthropathy, lumbar discogenic spine pain, and failed back surgery syndrome. Treatments to date have included narcotic pain medication, Ibuprofen, physical therapy, and urine drug screens. The progress report dated 03/27/2015 indicates that the injured worker reported that his back pain had decreased since workday restriction to 10 hours per day. The chief complaint was documented as low back pain. The pain rating on a good day previously was 4 out of 10; the current pain rating on a good day was 5 out of 10; the previous pain rating on a bad day was 8 out of 10; and the current pain rating on a bad day was 8 out of 10. The physical examination showed diffuse tenderness and spasm in the lumbar/sacral area, a normal gait, normal posture, and bilateral lumbar spasm. There was no documentation of lumbar spine range of motion. The injured worker's status was permanent and stationary and the prognosis was noted as fair. The treating physician requested Ibuprofen 800mg #90 with one refill. It was noted that the all of the prescribed medications were medically necessary for the injured worker to maintain good pain control and function. On 03/26/2015, Utilization Review modified the request to Ibuprofen 800mg #90 with no refills due to insufficient documentation of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 [with 1 refill]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, there was diffuse lumbar tenderness with muscle spasms. Active medications are documented as including Duexsis and ibuprofen with a total ibuprofen dose of 4800 mg per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested total dose appears to be in excess of the guideline recommendation and therefore is not medically necessary.