

Case Number:	CM15-0083688		
Date Assigned:	05/05/2015	Date of Injury:	11/11/2004
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 52 year old male, who sustained an industrial injury on 11/11/2004. He reported low back pain. The injured worker was diagnosed as having epidural fibrosis. Treatment to date has included medications, urine toxicology, CT scan, electro diagnostic studies, magnetic resonance imaging, and lumbar epidural blocks. The request is for Ibuprofen. On 3/3/2015, he complained of persistent and increasing low back pain with radiating pain into the buttocks and down the right leg to the great toe, and radiating pain down the left leg into the calf. The records indicated a CT scan completed in March 2014, showed "no abnormalities within the area of the decompression and fusion or the junctional levels proximal". The treating provider indicated his symptoms to be consistent with an epidural fibrosis. Medications continued: Oxycodone, Soma, Ibuprofen, and Lyrica. The injured worker requested an increase in dose of Lyrica. The treatment plan included: continuation of heat and stretching program, continue listed medications with the increase in Lyrica to 150mg twice daily from 75mg twice daily, and x-rays of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tabs three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 19-20, 29, 67-68, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient has ongoing treatment with ibuprofen since his spine surgery, however, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.