

Case Number:	CM15-0232517		
Date Assigned:	12/08/2015	Date of Injury:	08/06/2008
Decision Date:	01/20/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/01/2015

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: New Jersey, New York
 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:

This is a 57 year old male with a date of injury on 8-6-2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discopathy with right lower extremity radiculopathy and hip pain with early degenerative joint disease noted on x-ray. According to the progress report dated 7-10-2015, the injured worker complained of ongoing pain in his low back and lower extremities. He was taking Motrin and reported it was helpful. He was not currently working. He was noted to be permanent and stationary. The physical exam (7-10-2015) revealed a slow gait. There was tenderness to palpation to the lumbar spine along with spasm and tightness. Lumbar motion was reduced. Straight leg raise was positive bilaterally. Treatment has included aqua therapy, a home exercise program and medication. The request for authorization was dated 7-10-2015. The original Utilization Review (UR) (11-10-2015) denied requests for Ibuprofen, Kronos lumbar support and orthopedic re-evaluation within 6 (six) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg qty. 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request for ibuprofen is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. The limited chart stated that ibuprofen "helps". There was no objective evidence of improvement in pain or functional capacity. The patient has been on Ibuprofen longterm. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, the request for ibuprofen is considered not medically necessary.

Kronos lumbar support qty. 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) for low back disorders last updated 09/22/15.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work.

Decision rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Since 2008, the patient has chronic lower back pain. The patient is currently out of the acute phase. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. There is no documentation of instability on physical exam. Therefore, the request is considered not medically necessary.

Orthopedic re-evaluation within six weeks qty. 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The patient has not failed all conservative therapy; there is no documentation of the oral analgesics the patient has taken. Therefore, the request is considered not medically necessary.