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| Case Number: | CM13-0036533 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 01/18/2010 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine and cardiology, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who works as solid waste collection specialist and was injured when he was lifting a trash can up into a dumpster. The patient injured his cervical spine and has been diagnosed with cervicalgia, cervical radiculopathy, and is status post spinal cord stimulator implantation. Treatment has included a C6-7 anterior discectomy and fusion performed on 09/22/2010, physical therapy, acupuncture, medications, and diagnostic testing. The most recent documentation is dated 09/06/2013 in which the patient was seen for right shoulder pain and routine medication refill. The patient states that his pain was a 3/10 to 8/10 describing it as sharp, dull, throbbing, and aching. His pain is increased with activity and decreased with medication. A comprehensive physical examination was not performed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen tablets 600 mg # 60 with 3 refills: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The documentation notes the patient has been utilizing ibuprofen tablets at 600 mg since at least the middle of 07/2013. Throughout the course of his treatment, there has been no significant decrease in the patient's pain level according to the pain scale listed on each of the clinical documentations. The patient's pain has remained between a 5 to 9 on each of the documentations from 07/2013 through 12/2013. Under California MTUS, it states that NSAIDs are recommended at the lowest for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. For neuropathic pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (other nociceptive pain) and with neuropathic pain. In the case of this patient, the use of ibuprofen does not seem to be effective in reducing the patient's overall pain. Without having sufficient evidence indicating the patient is having a significant reduction in pain with the use of ibuprofen, the continuation of its use cannot be established at this time. As such, the requested service is non-certified.