

Case Number:	CM14-0107740		
Date Assigned:	08/01/2014	Date of Injury:	05/25/2005
Decision Date:	10/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Anesthesiology/Pain Management and is licensed to practice in Georgia. 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/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 enrollee is a 49 year old female presenting with chronic pain following the work related injury on 05/25/2005. The enrollee reported difficulty sleeping due to pain. The pain is localized to the low back right and left, right is worse. The physical exam showed generalized tenderness of low back with tenderness more on the right than the left and decreased sensation on balls of both feet. The claimant was diagnosed with Midline cystocele, Neuralgia, Uterine Prolapse, Fibromyositis and Degeneration of lumbar intervertebral disc. The claimant's relevant medications included Gabapentin, Hydrocodone, Ibuprofen, Lidocaine, and Cyclobenzaprine. A claim was placed for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90: Upheld

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

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

Decision rationale: Ibuprofen 800 mg #90 is not medically necessary. Ibuprofen is a non-steroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDS are

recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.