

Case Number:	CM14-0130026		
Date Assigned:	09/22/2014	Date of Injury:	11/09/1998
Decision Date:	10/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 injured worker is a 62-year-old male with a reported injury on 11/09/1998. The mechanism of injury was not provided. The injured worker's diagnoses included chronic pain syndrome, anxiety, severe major depression, depressive disorder, and lumbar postlaminectomy syndrome. The injured worker's past treatments included medications and the use of a cane. No pertinent diagnostic testing was provided. The injured worker's surgical history included a right hand surgery and a 3 level cervical fusion in 2003. The injured worker was evaluated on 07/28/2014 for low back pain which was unchanged with treatment. The injured worker reported that his pain symptoms were the same and that his pain level varied from day to day. The injured worker had ongoing gastrointestinal issues that continued to affect what he was able to eat. The clinician observed and reported an antalgic gait with the use of a cane. The lower extremity reflexes were normal. Ambulation was guarded. The clinician indicated the injured worker was scheduled for a stress test, as he was diagnosed with a heart valve problem previously. The injured worker's medications included Celebrex, up to 3 per day; ibuprofen, up to 3 per day; amitriptyline 25 mg, 1 to 2 at bed time; gabapentin 100 mg, 1 in the morning and 2 in the evening; and omeprazole. The request was for 3 ibuprofen 800 mg, 1 tablet 3 times a day, #90, with 2 refills, outpatient, for chronic lumbar pain. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 IBUPROFEN 800MG, 1 TABLET THREE TIMES A DAY, #90, WITH 2 REFILLS, OUTPATIENT, FOR CHRONIC LUMBAR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for 3 IBUPROFEN 800MG, 1 TABLET THREE TIMES A DAY, #90, WITH 2 REFILLS, OUTPATIENT, FOR CHRONIC LUMBAR PAIN is not medically necessary. The injured worker continued to complain of low back pain with lower extremity weakness, numbness, and tingling. The California MTUS Chronic Pain Guidelines nonsteroidal anti-inflammatory drugs for acute exacerbations of chronic pain as a second line treatment after acetaminophen, as an option for short term symptomatic relief for chronic low back pain, and there is inconsistent evidence for the use of nonsteroidal anti-inflammatories to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions, such as osteoarthritis in with neuropathic pain. Nonsteroidal anti-inflammatories are recommended with precautions in patients with gastrointestinal symptoms, cardiovascular risk, hypertension, and renal insufficiencies. The guidelines recommend nonsteroidal anti-inflammatories at the lowest dose possible for the shortest period of time in patients with moderate to severe pain. The injured worker has diagnoses of hypertension, gastritis, and a heart valve problem. He is also taking Celebrex. The injured worker reported that his low back pain was unchanged with treatment. Therefore, the request for 3 IBUPROFEN 800MG, 1 TABLET THREE TIMES A DAY, #90, WITH 2 REFILLS, OUTPATIENT, FOR CHRONIC LUMBAR PAIN is not medically necessary.