

Case Number:	CM14-0142149		
Date Assigned:	09/10/2014	Date of Injury:	03/20/2001
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Anesthesia, has a subspecialty in Acupuncture and is licensed to practice in California. 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 55 year old male injured worker with date of injury 3/20/01 with related back pain. Per progress report dated 8/13/14, the injured worker reported being stable and working. Pain level was 2/10 and constant. He had been administered several transforaminal nerve blocks which gave him relief of radicular pain lasting 1-2 years. It was noted that he occasionally used ibuprofen for pain relief and very occasionally used Vicodin. His last refill was over 6 months ago. It was noted he required these medications when he has a minor flare-up, and they enable him to get through his day at work. He has been treated with injections, physical therapy, and medication management. The date of UR decision was 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90: Overturned

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

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

Decision rationale: According to the MTUS Guidelines regarding NSAIDs: Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for

low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. The request is indicated for the injured worker's constant low back pain. It allows him to continue working. It was documented that he has no side effects and has demonstrated no drug seeking behavior. The request for Ibuprofen 600 mg #90 is medically necessary and appropriate.