

Case Number:	CM14-0157298		
Date Assigned:	09/30/2014	Date of Injury:	05/27/2004
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 42 year old female travel nurse with a date of injury on 5/27/2004, when she was involved in a motor vehicle accident and sustained neck, head, low back and left shoulder injuries. She was treated with cervical fusion and shoulder arthroscopy. She has chronic cervical and low back pain, headaches, bilateral shoulder pain, progressive left arm pain with numbness and both left lower extremity and left upper extremity signs of radiculitis. Her pain is 8/10 without medications and 4/10 with medications. She was lost to follow up for a number of years. Her medications include Xanax, Zoloft, Hydroxyzine, Estazolam, Baclofen, Tylenol with codeine, Hydrocodone-Acetaminophen and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with x3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymed

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The injured worker has chronic diffuse musculoskeletal pain. Per the Medical Treatment Utilization Schedule (MTUS), a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (non-steroidal anti-inflammatory drugs [NSAIDs]) in chronic low back pain (LBP) with precautions. Therefore, the requested service Ibuprofen 800mg #60 with x3 can be considered medically necessary for the injured worker at this time. The worker does not have any gastrointestinal (GI) contraindications.