

Case Number:	CM14-0157611		
Date Assigned:	09/30/2014	Date of Injury:	09/03/2013
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

This is a 43 year old male injured worker with a date of injury of 9/3/13 with related low back pain. Per a progress report dated 8/20/14, the injured worker complained of right-sided low back pain that radiated to the right lower extremity. He rated his pain 7/10 in intensity; he described his pain as constant but variable in intensity. There was numbness in the right lower extremity, as well as right hip pain. Per physical exam, the injured worker's standing balance was mildly unsteady and presented a mild fall risk. There was an antalgic gait favoring the right. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg 1 tablet TID PO quantity of 90 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen; nonselective NSAIDS Page(s): 71-72.

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

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS Chronic Pain Guidelines states "Recommended as an option for short-term symptomatic relief. A

Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The documentation submitted for review indicates that the injured worker was concurrently prescribed Celebrex 200mg 1 capsule twice daily and Ibuprofen 600mg 1 tablet three times daily. As the request is redundant to NSAID therapy with Celebrex, the request is not medically necessary.

Voltaren 1 percent topic route TID PRN 100grams, quantity of 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: With regard to topical NSAIDs, the MTUS Chronic Pain Guidelines states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the MTUS Chronic Pain Guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.