MAXIMUS Federal Services

Case Number:	CM14-0027234		
Date Assigned:	06/13/2014	Date of Injury:	12/15/2002
Decision Date:	09/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 Internal Medicine and is licensed to practice in California and 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 patient is a 42 year old female who was injured on 12/15/2002. The mechanism of injury is unknown. Prior medication history as of 01/31/2014 included Flexeril 10 mg, Motrin 800 mg, Norco 10/325 mg, Duragesic 25 mg, Cymbalta 30 mg, Ibuprofen 600 mg, and Sudafed 30 mg. Urine toxicology screening dated 01/04/2013 detected positive results for hydrocodone, norhydrocodone, hydromorphone, Fentanyl, and norfentanyl. Progress report dated 01/31/2014 documented the patient to have complaints of low back pain. She reported her quality of sleep is poor and her activity level has decreased. She reported her medications were working well. Objective findings on exam revealed range of motion of the lumbar spine is restricted with flexion limited to 65 degrees; extension limited to 10 degrees and pain. There is tenderness to palpation over the paravertebral muscle with spasm and muscle tightness bilaterally. Lumbar facet loading is negative on both sides. Straight leg raise is negative. Ankle jerk is 0/4 on the right side and 2/4 on the left side. Patella jerk is 2/4 bilateral. Motor strength is 5/5 bilaterally. Her sensation is intact. Diagnoses are post lumbar laminect syndrome, lumbar spine degenerative disk disease; and chronic back pain. She reported her pain level with medications is 5-6/10 and without medications is a 9/10. She reported Norco reduces the pain within 30 minutes to baseline. She has been recommended a trial of ibuprofen 600 mg tid prn for activity mediated inflammation and pain. Prior utilization review dated 02/04/2014 states the request for Ibuprofen 600mg Tablet #90 is denied as weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600MG TABLET QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-72.

Decision rationale: The guidelines in general do not recommend NSAIDs for long-term use. They are generally used for acute pain or acute on chronic pain. The clinical notes document the patient is taking motrin chronically. It is not clear from the documents what relief the patient is getting from motrin. The patient is on multiple different classes of pain medications and is on a regimen of medications, which are generally, not all prescribed together. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.