

Case Number:	CM14-0098598		
Date Assigned:	07/28/2014	Date of Injury:	11/18/2008
Decision Date:	10/07/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 49 year old with an injury date on 11/18/08. Patient complains of constant lower lumbar pain with lower extremity pain, left > right per 4/10/14 report. Patient states that right leg pain is occasional, but dull left leg pain has recently become sharp especially when sitting/lying on side, extending into pelvic area and down to left foot/ankle but not to toes per 4/10/14 report. Based on the 4/10/14 progress report provided by [REDACTED] the diagnoses are: 1. mechanical lower back pain 2. failed back surgery syndrome - lumbar 3. lumbar degenerative disc disease 4. left lower extremity radiculopathy 5. probably lumbar facet joint arthropathy Exam on 4/10/14 showed "ambulates with mild limp. L-spine range of motion limited in all directions with increased pain in extension (5/45 degrees, with guarding/spasm)." [REDACTED] is requesting ibuprofen 800mg, 1 Q12 hours, #60 x 2 refills. The utilization review determination being challenged is dated 5/29/14 and denies request because long term use of NSAID is not recommended due to GI distress, cardiovascular morbidity and renal dysfunction. [REDACTED] is the requesting provider, and he provided treatment reports from 11/11/13 to 4/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBU 800mg, 1 Q12hours, #60 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68, 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

Decision rationale: This patient presents with lower back pain and lower extremity pain. The provider has asked for ibuprofen 800mg, 1 Q12 hours, #60 x 2 refills. Review of records indicate patient has not taken Ibuprofen. The 12/20/13 report shows that patient does not want to continue to be dependent on oral opiates (Percocet, Exalgo), as they are causing severe constipation and bloody stool. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with lower back pain and provider desires to supplement oral opioids with an NSAID. The requested ibuprofen 800mg, 1 Q12 hours, #60 x 2 refills seems reasonable for this type of condition. Recommendation is medically necessary.