

Case Number:	CM14-0167617		
Date Assigned:	10/14/2014	Date of Injury:	09/17/2011
Decision Date:	02/25/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, North Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 patient was injured 9/17/2011 and now has chronic low back pain. He states that he had cumulative work trauma from heavy lifting and repetitive bending, twisting and stooping aggravating disc bulge and facet and ligamentum flavum hypertrophy with resultant spinal stenosis. He is appealing the 9/12/14 denial of ibuprofen #90 with 3 refills. He has also been treated with Norco, and weaning recommended. Prior treatment has included Anaprox / naproxen, tramadol and Topamax. The ibuprofen was non-certified because of its prolonged use and lack of information about it. He has had physical therapy, lumbosacral epidural steroid injection, chiropractic treatment. He had an MRI in 2013 showing moderate to severe lumbar stenosis at L4-5. He had a right L5 radiculopathy and neurogenic claudication walking more than 50 feet. As of 2/18/14, the patient was found to be at MMI and an orthopedic surgeon recommended chronic pain management. Medications as of 8/4/14: ibuprofen 800 mg q 8 hr - #90 for 30 days; Norco 10mg/325 mg and was on Norco, Anaprox and Zanaflex. He remains out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 Refill: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

Decision rationale: The CA MTUS states that NSAIDs can be used in chronic low back pain, but as an option for short-term symptomatic relief. This request is for four months, which is long-term. This patient has already had long-term NSAIDs, including naproxen and ibuprofen, but without great pain control (pain still at 7/10). I do not recommend ongoing consistent use, especially noting potential risks of use, including GI. The denial is upheld.