

Case Number:	CM15-0001576		
Date Assigned:	01/12/2015	Date of Injury:	07/27/2011
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male who was injured on 7/27/2011. The diagnoses are thoracic sprain, lumbar spondylosis, sacroilitis, chronic pain syndrome and generalized thoracic osteoarthritis. The patient completed PT, thoracic epidural steroid injections, trigger points injections and hips injections. On 12/8/2014, there was subjective complaints of severe neck, thoracic, knees, hips and low back pain. The patient complaints that the pain was worse. There was associated insomnia and decreased physical functions. The pain score was decreased to 2/10 by utilization of the medications. There were objective findings of the patient appearing in mild to moderate discomfort. There were decrease range of motion and tenderness over the cervical, thoracic and lumbar spines. There were palpable tender muscle spasm. The medications listed are Tramadol and Ibuprofen. A Utilization Review determination was rendered on 12/17/2014 recommending non certification for Ibuprofen 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with cardiac, renal and gastrointestinal complications. The records indicate that the patient was experiencing significant exacerbation of musculoskeletal pain. There is documentation of pain relief and functional improvement with utilization of the ibuprofen. There is no documentation of adverse effect related to utilization of the NSAID. The criteria for the use of ibuprofen 600mg #90 was met.