

Case Number:	CM15-0110602		
Date Assigned:	06/18/2015	Date of Injury:	02/11/2003
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 62 year old female who sustained an industrial injury on 02/11/2003. Current diagnoses include L5-S1 disc disruption, annular tear and chronic low back pain and left leg radicular pain. Previous treatments included medication management, lumbar radiofrequency medial branch blocks, neurotomies, lumbar epidural steroid injection, and home stretching. Initial injuries included the low back. Report dated 05/05/2015 noted that the injured worker presented with complaints that included continued chronic low back pain, and lower limb pain. Current medications include gabapentin, ibuprofen, and Flector patches. Medications trialed included Fiorinal, Darvocet, Cymbalta, Pamelor, hydrocodone/APAP, Lyrica, and tizanidine. Pain level was not included. Physical examination was positive for tenderness in the back with limited range of motion with reproduction of pain. The treatment plans included discussing the importance of ice and exercise for her discogenic back pain, continue prescription for gabapentin, ibuprofen, and Flector patches, and follow up in four months or sooner if needed. Disputed treatments include ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG Qty 30 0 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen 800 MG Qty 30 0 Refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Ibuprofen for an extended period of time. The request for continued Ibuprofen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Ibuprofen is not medically necessary.