

Case Number:	CM15-0111730		
Date Assigned:	06/18/2015	Date of Injury:	01/09/2014
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

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 45 year old male sustained an industrial injury to the back and left shoulder on 1/9/14. Current diagnoses included lumbar spine discogenic pain. Comorbid conditions include obesity (BMI 31.4). Previous treatment included magnetic resonance imaging, computed tomography, electromyography, chiropractic therapy, acupuncture and medications. Magnetic resonance imaging lumbar spine (2/11/15) showed multilevel broad based disc bulge and facet hypertrophy. Electromyography/nerve conduction velocity test (2/18/15) showed bilateral L4-5 and S1 nerve root impingement. Computed tomography myelogram lumbar spine (5/21/15) showed facet arthropathy and spinal stenosis. In a PR-2 dated 5/26/15, the injured worker complained of low back pain rated 8/10 on the visual analog scale, worse pain with sudden movements. Physical exam was remarkable for tenderness to palpation to the lumbar spine paraspinal with positive bilateral straight leg raise. The treatment plan included prescriptions for Norco, Ibuprofen and Prilosec, a urine toxicology screen and continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 47; Chp 12 pg 299, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. Additionally, there is no documentation that use of this medication has actually lessened the patient's pain or increased the patient's ability to function. As the records do not show instructions to the patient for use of this medication only for exacerbations and since its chronic use has not been shown to be beneficial, it is not indicated for use at this time. Medical necessity for continued use of this medication has not been established.