

Case Number:	CM15-0113852		
Date Assigned:	06/22/2015	Date of Injury:	10/16/1995
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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, New York, 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:

The applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 1995. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for ibuprofen (Motrin). The claims administrator referenced a RFA form received on May 11, 2015 and a progress note dated February 18, 2015 in its determination. The applicant's attorney subsequently appealed. On a RFA form dated May 11, 2015, Motrin and tramadol were endorsed. In an associated progress note dated February 18, 2015, the applicant reported ongoing complaints of low back pain. The applicant was status post herniorrhaphy surgery. The applicant had received physical therapy and manipulative therapy over the course of the claim with "no relief." The note was very difficult to follow, mingled historical issues with current issues. The applicant had undergone spine surgery, the treating provider reported. The applicant was using and was given refills of tramadol and Motrin, it was stated in one section of the note. In another section of the note, it was stated that the applicant was using Amrix, Motrin, Norco, and Zonegran. In yet another section of the note, the attending provider stated that the applicant was no longer using Norco. The applicant was deemed "disabled" at the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG 90 Tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: No, the request for ibuprofen (Motrin), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the applicant was off of work and had been deemed "disabled," the treating provider reported, despite ongoing Motrin usage. Ongoing usage of Motrin seemingly failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen. The attending provider failed to identify meaningful or material improvements in function (if any) effected as a result of ongoing ibuprofen usage. Therefore, the request was not medically necessary.