

Case Number:	CM15-0114382		
Date Assigned:	06/22/2015	Date of Injury:	05/26/2006
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on May 26, 2006. He has reported pain in the low back, right knee, left posterior thigh, bilateral feet, ankles, and left wrist and has been diagnosed with lumbago and facet syndrome. Treatment has included medications, medical imaging, injection, physical therapy, acupuncture, and massage therapy. Lumbar examination noted restricted range of motion with flexion limited to 20 degrees and extension limited to 25 degrees. On palpation, paravertebral muscles, was noted on both sides. Spinous process tenderness was noted on L4 and L5. Straight leg raise test was positive on both sides. The treatment plan included ibuprofen and an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, ninety count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Ibuprofen 800 mg, ninety count with two refills is not medically necessary and appropriate.

Orthopedic consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", page 305.

Decision rationale: Submitted reports have not demonstrated any acute clinical change in surgical lesion or indication for surgical consult. Examination has no specific neurological deficits to render surgical treatment nor is there any updated diagnostic study with significant change in emergent surgical lesion or failed conservative care failure. The Orthopedic consultation is not medically necessary and appropriate.