

Case Number:	CM15-0115006		
Date Assigned:	06/23/2015	Date of Injury:	07/09/2012
Decision Date:	08/06/2015	UR Denial Date:	06/05/2015
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:

This is a 47-year-old female with a September 16, 2008 date of injury. A progress note dated May 12, 2015 documents subjective findings (difficulty getting out of bed; a lot of fatigue, pain all over the body), objective findings (good range of motion of the cervical spine and extremities; 18/18 fibromyalgia tender points), and current diagnoses (fibromyalgia related to a work-related injury in September of 2008; depression with suicide attempt in September of 2011). Treatments to date have included medications, psychotherapy, a sleep study (noted to have diagnosed obstructive sleep apnea), and injections. The medical record indicates that the treating physician is evaluating the injured worker for an underlying autoimmune disorder. The treating physician documented a plan of care that included a comprehensive urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #100 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient complains of increasing pain and discomfort along with numbness and weakness in the left lower extremity, and has been diagnosed with sciatica and lumbosacral degenerative disc disease, as per progress report dated 05/28/15. The request is for Ibuprofen 800 mg #100 with 1 refill. There is no RFA for this case, and the patient's date of injury is 07/09/12. As per progress report dated 03/12/15, the patient suffers from mild to moderate back pain radiating intermittently to hip and leg. The patient is temporarily totally disabled, as per progress report dated 05/28/15. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Ibuprofen is first noted in progress report dated 07/11/12, which was reviewed in AME report dated 01/23/15. In the most recent report dated 05/28/15, the treater states, "This patient has successfully weaned himself from the extensive amount of hydrocodone he was requiring. He is obviously more symptomatic absent the opioids, and is prescribed Ibuprofen." The reports, however, do not document the impact of this NSAID on pain and function, as required by MTUS page 60. Given the lack of documentation regarding efficacy, the request is not medically necessary.