

Case Number:	CM15-0118525		
Date Assigned:	06/26/2015	Date of Injury:	01/12/1998
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 70 year old female, who sustained an industrial injury on 01/12/1998. According to the only progress report submitted for review and dated 11/17/2014, the injured worker was seen for a 6 month follow up of cervicalgia and right arm tendonitis which had been ongoing and stable. She was a school bus driver and had these neck and right arm symptoms from repetitive work with bus driving, maintenance and also maintenance work at schools which involved painting and cleaning. Medication regimen included Ibuprofen, Flexeril, Tums, fish oil and multivitamins. Assessments included tendonitis not otherwise specified (primary), degeneration of cervical intervertebral disc and cervicalgia. The treatment plan included continuation of medications. A request for authorization dated 06/11/2015 was submitted for review. Requested services included Ibuprofen 600mg 1 tablet three times a day as needed 1 year refill. Currently under review is the request for Ibuprofen 600 with 11 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration to Chronic Pain Management, NSAIDS Page(s): 9, 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-inflammatory drugs, Nonsteroidal Anti-Inflammatory Drugs.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines state that NSAIDS 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. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short term treatment of back pain. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. Official Disability Guidelines (ODG) state that 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. ODG specific recommendations for NSAIDS (nonsteroidal anti-inflammatory drugs) include treatment of osteoarthritis for the shortest period in patients with moderate to severe pain, for treatment in acute low back pain & acute exacerbations of chronic pain and short-term symptomatic relief of chronic low back pain. In this case, the injured worker had been using Ibuprofen long-term which is not recommended and there was no discussion of objective evidence of functional improvement with use of Ibuprofen. As such the request for Ibuprofen 600 with 11 refills is not medically necessary.