

Case Number:	CM15-0124892		
Date Assigned:	07/07/2015	Date of Injury:	07/28/2007
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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, California

Certification(s)/Specialty: Family Practice

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 40 year old male patient who sustained a work related injury July 28, 2007. While delivering pizza, he was rear ended by a car going 40 mph. Diagnoses include cervical sprain; lumbar sprain; left shoulder sprain. According to a primary treating physician's report, dated May 19, 2015, he had complaints of occasional neck pain at 2/10, with some pain into the left shoulder and low back pain at 4/10. The physical examination revealed lumbar spine- flexion 90 degrees at the waist with pain, reflexes normal; Cervical spine- good motion with extension of 40 degrees, flexion of 40 degrees, and rotation 80 degrees to each side; the left shoulder- occasional grind with good motion. The medications list includes ibuprofen. He has returned to work with no formal restrictions. He avoids lifting 50 pound boxes of cheese. Treatment plan included continue with exercise and stretching, and at issue, a request for authorization for ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen 600mg #90 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS; Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: 1 prescription of Ibuprofen 600mg #90 with 5 refills: Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic neck, low back and left shoulder pain. Patient is having objective findings on physical examination- pain with lumbar flexion and left shoulder grid. NSAIDs are considered first line treatment for pain and inflammation. The request for 1 prescription of Ibuprofen 600mg #90 with 5 refills is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.