

Case Number:	CM15-0170073		
Date Assigned:	09/10/2015	Date of Injury:	04/18/2014
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old female with an industrial injury dated 04-18-2014. She is being treated for right knee pain, degeneration of lumbar intervertebral disc, migraines and psychophysiologic disorder. She presented on 07-30-2015 with complaints of severe right knee, right lower extremity, right buttock and low back pain. She also noted severe anxiety and depression. The provider documented the injured worker identified marked difficulties with remaining at work in a sedentary position limited to eight hours per day. Evaluation dated 07-20-2015 documents her pain level as 7-8 out of 10. Medications listed in this note were Tramadol, Ibuprofen, Imitrex and Celexa. Physical exam noted antalgic gait favoring right lower extremity. Right knee was swollen, had an effusion and was warm to palpation. She had myofascial tenderness in the lumbar paraspinal muscles and gluteal musculature. The provider documented: "The injured worker continued working in a modified duty position for the same employer, although she identifies the restrictions not being followed." Prior treatment included rest, physical therapy, injection therapy and medications. "She began a process of outpatient rehabilitation and pain psychology and physical therapy. She was compliant with this care, but made a little if any progress." The provider documents she is not an injection or surgical candidate and has failed outpatient physical therapy and pain psychology. In the progress note dated 03-13-2015 - 06-24-2015 the injured worker was taking Meloxicam 7.5 mg daily. In the current note her medications included Ibuprofen, Effexor XR, Citalopram, Imitrex, Tramadol and Ultracin lotion. The treatment request is for Ibuprofen 600 mg 1 tablet TID (three times a

day) # 90 with 5 refills. On 08-20-2015 utilization review non-certified, the request for Ibuprofen 600 mg 1 tablet TID (three times a day) # 90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg 1 tablet TID #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." While ibuprofen is indicated for the injured worker's right knee and low back pain, the request for 6-month supply is not appropriate, as it does not allow for periodic reassessment. Furthermore, NSAIDs are only recommended for short-term use. The request is not medically necessary.