

Case Number:	CM15-0172746		
Date Assigned:	09/14/2015	Date of Injury:	02/14/2013
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female, who sustained an industrial injury on 02-14-2013. She has reported subsequent low back and bilateral hip pain and was diagnosed with lumbalgia, bilateral neuralgia, neuritis and radiculitis, multilevel degenerative disc disease from L2-S1 with predominant discopathy at L5-S1. X-rays of the lumbar spine showed multilevel degenerative disc disease from L2-S1 with predominant discopathy at L5-S1. MRI of the lumbar spine dated 03-17-2014 showed grade 1 retrolisthesis of L5 with respect to S1 with marked disc space narrowing and desiccation and endplate edema consist with mechanical inflammation and 5.3 mm left paracentral disc herniation at L5-S1. Treatment to date has included oral and injectable pain medication, physical therapy, aqua-therapy and transcutaneous electrical nerve stimulator which were noted to provide partial pain relief. Documentation shows that Ibuprofen was prescribed for pain as far back as February 2013. In a progress note dated 07-25-2015 the injured worker reported continued severe low back pain that was rated as 8-9 out of 10 and bilateral hip pain that was rated as 3-4 out of 10 with medication and 7-10 out of 10 without medication. The injured worker reported low back pain was 10 out of 10 without ibuprofen and 8 out of 10 after medication, increased range of motion, increased toleration of activities of daily living, improved self-care and dressing and ability to drive longer distances with use of Ibuprofen. Objective examination findings showed decreased sensation in the L5 nerve distribution, tenderness to palpation of the spine, decreased range of motion of the lumbar spine and pain with range of motion. Work status was documented as temporarily totally disabled. A request for authorization of Ibuprofen 600 mg #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg #90: Overturned

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), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for chronic back pain with acute symptoms. Ibuprofen is referenced as decreasing pain from 10/10 to 8/10 with improved activities of daily living, driving tolerance, and enabling her to perform small hikes with her grandchildren with use of a walker and cane. When seen, she was having worsening symptoms. She was using a walker all the time. Physical examination findings included appearing in moderate distress. Her BMI was nearly 39. There was lumbar spine and sacroiliac joint tenderness with decreased lumbar range of motion. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is providing what is considered a clinically significant decrease in pain and improved function and quality of life. Continued prescribing was medically necessary.