

Case Number:	CM15-0175677		
Date Assigned:	09/17/2015	Date of Injury:	08/22/2013
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, 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:

The injured worker is a 39-year-old female, with a reported date of injury of 08-22-2013. The diagnoses include degeneration of the lumbar or lumbosacral intervertebral disc, low back pain, and sciatica. Treatments and evaluation to date have included physical therapy, Biofreeze, Ibuprofen (since at least 03-11-2015), and a home exercise program. According to the medical report dated 03-11-2015, the diagnostic studies to date have included x-rays of the lumbar spine on 07-01-2014, which showed some slight deformity of the T12 superior end plate; and an MRI of the lumbar spine on 06-09-2014, which showed mild to moderate facet arthropathy, small posterior broad-based disc protrusion at L4-5 and L5-S1. The medical report dated 08-12-2015 indicates that the injured worker had mild to moderate pain and discomfort in the low back to the hips and legs. It was noted that there was significantly decreased pain compared to the physical therapy and institution of the home exercise program. The objective findings include minimally positive straight leg raise at 80 degrees, slight horizontal torsion and lateral bend, and minimal spasm in the low back. The treatment plan included additional Ibuprofen 800mg, one tablet by mouth twice a day, #100 with one refill. The injured worker was to continue the 10-pound weight-lifting restriction. It was noted that the injured worker "has been called back to work because of existing restrictions." On 06-30-2015, it was noted that the injured worker had good success with the therapy, and required less medication. The treating physician requested Ibuprofen 800mg #100 with one refill. On 08-21-2015, Utilization Review (UR) non-certified the request for Ibuprofen 800mg #100 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg Qty 100 with 1 refill, take 1 by mouth 2 times daily: 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: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not consistently noted. . Continued use of Ibuprofen is not medically necessary.