

Case Number:	CM15-0176083		
Date Assigned:	09/17/2015	Date of Injury:	03/12/2015
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 57 year old male, who sustained an industrial injury on 03-12-2015. The injured worker was diagnosed as having lumbar strain, cervical strain, marked myofascial syndrome. On medical records dated 08-04-2015, subjective complaints were noted as chronic back and neck pain. Pain was noted as a 10 on pain scale from 1 to 10 and present 90% of the time. The injured worker was noted not to need assistance for bathing, dressing, grooming or home duties. The physical examination findings were noted as having an impaired range of motion of cervical and lumbar spine, myofascial restriction, and all movement produce pain and difficulty in heel to toe walking. He was noted to have myofascial spasm in the quadratus and gluteal musculature with tight hamstrings noted. Tenderness was noted as well in trapezius, levator scapulae and paracervical musculature. The injured worker was noted to be totally temporarily disabled. Treatment to date includes medication. Current medication was listed as Norco and Ibuprofen. The Utilization Review (UR) was dated 08-26-2015. The UR submitted for this medical review indicated that the request for Ibuprofen 600mg tablet, 1 tablet by mouth every 4-6 hours as needed, #90 with 0 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg tablet, 1 tablet by mouth every 4-6 hours as needed, #90 with 0 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: The patient presents with pain affecting the back and neck. The current request is for Ibuprofen 600mg tablet, 1 tablet by mouth every 4-6 hours as needed, #90 with 0 refills. The treating physician report dated 8/04/15 (5B) provides no rationale for the current request. The report does state, "The current intensity of the pain is described as a 10 on a 10-point scale". Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Medical reports provided, show the patient has been taking Ibuprofen since at least 8/4/14 (84B). In this case, the current request may be medically necessary but a record of pain and function with the medication was not found in any of the medical reports provided for review. Furthermore, according to the report dated 8/4/15 (7B) the patient is apparently not receiving any relief from the current medication as the patient's current pain level is a 10/10. The current request does not satisfy the MTUS guidelines as there is no documentation in the medical reports provided, of functional improvement or evidence of the medications efficacy in treating the patient's symptoms. The current request is not medically necessary.