

Case Number:	CM15-0178841		
Date Assigned:	09/21/2015	Date of Injury:	02/01/2014
Decision Date:	10/22/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/11/2015

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

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:

The injured worker is a 49-year-old female who sustained an injury on 2-1-14 resulting in a lower back strain while assisting a patient from their lounge chair back into bed. She injured her back, hips and both legs. Treatment included chiropractic care, physical therapy, and medication. Diagnoses are chronic lumbar strain with probable lumbar discopathy with mild bilateral lower extremity sciatica. Diagnostic testing included MRI lumbar spine 4-9-15 that showed L5-S1 right lateral and foraminal disc protrusion with mild bilateral neural foraminal stenosis. X-rays lumbar spine 12-8-14 reveals disc narrowing at L5-S1. The initial office visit on 3-16-15 indicates she has low back pain that is constant with intermittent complaints of pain, numbness and tingling radiating down bilateral lower extremities. Medications listed are Ibuprofen 800 mg as needed. Physical examination reveals she has normal lumbar lordosis, normal range of motion; spasm and guarding at the base of the lumbar spine; straight leg raise caused pain. The pain management report on 4-17-15 indicates she has been using Ibuprofen 800 mg as needed for pain but states that sometimes this works and other times it does not. Work restrictions included no lifting above 10 pounds and no repetitive or prolonged bending at the lumbar spine. Nabumetone-Relafen 500 mg #90 was prescribed for pain at this visit. On 8-28-15, the report indicates a follow up for chronic low back pain and she has been approved for 6 additional physical therapy sessions for her low back. Her back pain has not improved with conservative treatment. She continues to take Ibuprofen for pain and inflammation and usually takes 600 mg tablets but will take 800 mg tablets 1 for pain that is more severe and is requesting refills for both at this visit. Objective findings lumbar spine range of motion is normal and can

flex forward to 90 degrees and extend around 20 degrees; spasm and guarding at the base of the lumbar spine. Current requested treatments are Ibuprofen 800 mg #60; Ibuprofen 600 mg #90. The treatment plan was to continue working with her physical therapist to improve lifting mechanics and strength; urine drug screen was negative and continue with Ibuprofen for pain and inflammation. Utilization review 9-9-15 requested treatments were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: 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: Review indicates the patient has been prescribed Ibuprofen for quite some time for this February 2014 and noted sometimes it worked and sometimes it did not. Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy in terms of improved work status limitations, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Ibuprofen 800mg #60 is not medically necessary and appropriate.

Ibuprofen 600mg #90: 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: Review indicates the patient has been prescribed Ibuprofen for quite some time for this February 2014 and noted sometimes it worked and sometimes it did not. Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even

within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy in terms of improved work status limitations, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Ibuprofen 600mg #90 is not medically necessary and appropriate.