

Case Number:	CM15-0179188		
Date Assigned:	09/21/2015	Date of Injury:	07/13/2001
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
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: 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 61-year-old female with an industrial injury dated 07-13-2001. Review of the medical records indicates she is being treated for chronic pain, lumbago, degeneration lumbar lumbosacral disease and constipation. In the progress note dated 08-05-2015 the provider documents the injured worker called the office to request a refill of her medications. "She has been compliant with the use of her medication." Her current medications were listed as Promethazine, Enema twin pack, Doc-q-lax, Pantoprazole, Dss soft gel, Cyclobenzaprine, Glucosamine, Gabapentin and Buprenorphine. Prior progress notes document the following information: 07-30-2015 - She presented with persistent pain in the back region worse with standing, bending and lifting. "She has less pain with rest, using medication and stretching." "Overall there has been no change in her health status and her pain complaints remain about the same." Physical exam noted antalgic gait with the use of a cane. Spasm and guarding was noted in lumbar spine. 04-09-2015 - The injured worker had been diagnosed with diabetes. Ibuprofen was discontinued at this visit. The treatment request is for retrospective Ibuprofen 800 mg, One Q 12 h #60 Refill # 3 - DOS: 8/5/15. On 08-13-2015 the treatment request for Ibuprofen 800 mg, One Q 12 h #60 Refill # 3 - DOS: 8/5/15 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ibuprofen 800mg, One Q12h #60 Refill # 3 - Dos: 8/5/15: 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 rationale: The claimant has a remote history of a work injury in July 2001 and is being treated for chronic pain including a diagnosis of failed back surgery syndrome. When seen, medications and stretching were providing less pain. There was no change in her condition. Physical examination findings included moderate obesity. There was an antalgic gait with use of a cane. There was decreased lower extremity sensation. There were lumbar muscle spasms and guarding. Medications were refilled. Oral NSAIDS (nonsteroidal 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 medications are providing decreased pain. The request was medically necessary.