

Case Number:	CM15-0063613		
Date Assigned:	04/09/2015	Date of Injury:	04/22/2009
Decision Date:	05/12/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/03/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 70 year old male who sustained an industrial injury on April 22, 2009. He reports back pain and bilateral foot pain and has been diagnosed with sciatica, chronic pain syndrome, lumbar compression fracture, and low back pain. Treatment has included medications and a home exercised program. Currently the injured worker reports mid and low back pain and bilateral foot pain. The treatment request included ibuprofen, horizant, and laboratory work.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Ibuprofen 800mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 69-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased

cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states Ibuprofen: 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The available medical records do not detail a diagnosis of OA or RA, also NSAIDS have been used chronically for the treatment of this IW's back pain (at least since 2013) this is contrary to the recommendation of use for acute exacerbation only. As such the request for Ibuprofen 800mg, #60 is deemed not medically necessary.

One (1) prescription of Horizant 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Horizant (Gabapentin Enacarbil ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states Ibuprofen: 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The available medical records do not detail a diagnosis of OA or RA, also NSAIDS have been used chronically for the treatment of this IW's back pain (at least since 2013) this is contrary to the recommendation of use for acute exacerbation only. As such the request for Ibuprofen 800mg, #60 is deemed not medically necessary.

One (1) labs (to include CBC, MP and Vitamin D) to assess end organ function and Vitamin D: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Vitamin D testing protocol. 2010, Oct 1. NGC,:008151 Medical Services Commission, British Columbia-State/Local Government Agency (Non-US).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42.

Decision rationale: ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done. There is no description of the indication for this lab work series. There is no reference to infection or anemia, which would require a CBC, within the available medical record, there is likewise no discussion of any concern for electrolyte imbalance, which would require a CMP. Without any apparent indication for the diagnostic testing requested it is deemed to be not medically necessary.