

Case Number:	CM15-0065069		
Date Assigned:	04/13/2015	Date of Injury:	07/03/2014
Decision Date:	05/18/2015	UR Denial Date:	04/05/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, 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 34 year old male, who sustained an industrial injury on 7/3/2014. The current diagnoses are lumbar spine sprain/strain, rule out L5-S1 radiculopathy, history of left testicle pain, anxiety, depression, stress, and sleep disturbance. According to the progress report dated 3/19/2015, the injured worker complains of lumbar spine pain and left testicle pain that radiates down the left leg. The pain is rated 7-8/10 on a subjective pain scale. Physical examination of the lumbar spine revealed limited range of motion and muscle stiffness. The current medications are Ibuprofen and Cyclo-Tramadol cream. Treatment to date has included medication management, X-rays, physical therapy (mildly helpful), and acupuncture (mildly helpful). The plan of care includes Ibuprofen. The patient sustained the injury due to lifting the metal shelf. The patient has had history of anxiety, depression, stress and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, QTY: 60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Request: Ibuprofen 800mg, QTY: 60 with 1 refill. Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, “Anti-inflammatories 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. (Van Tulder-Cochrane, 2000)” Patient is having chronic pain and is taking Ibuprofen for this injury. The current diagnoses are lumbar spine sprain/strain, rule out L5-S1 radiculopathy, history of left testicle pain, anxiety, depression, stress, and sleep disturbance. According to the progress report dated 3/19/2015, the injured worker complains of lumbar spine pain and left testicle pain that radiates down the left leg. The pain is rated 7-8/10 on a subjective pain scale. Physical examination of the lumbar spine revealed limited range of motion and muscle stiffness. NSAIDS like Ibuprofen are first line treatments to reduce pain. The request for Ibuprofen 800mg, QTY: 60 with 1 refill is deemed medically appropriate and necessary in this patient.