

Case Number:	CM15-0066649		
Date Assigned:	04/14/2015	Date of Injury:	05/15/2008
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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

Certification(s)/Specialty: Internal Medicine

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 59 year old female, who sustained an industrial injury on 5/15/08. She reported initial complaints of low back. The injured worker was diagnosed as having discogenic low back pain; chronic pain syndrome. Treatment to date has included physical therapy; acupuncture; Lumbar spine MRI (11/5/14); medications. Currently, the PR-2 notes dated 9/9/14 indicate the injured worker complains of low back pain. She continues to have achy, bilateral low back pain that can radiate to her bilateral hips and right buttock. The office has heard nothing regarding their request for a new MRI, acupuncture or TENs unit. She is taking Motrin as needed with benefit and no side effects because she is also taking Omeprazole that eliminates the GI upset. Her pain levels are documented at 7-9/10 with medications and worse with sitting, bending, standing, and walking. She continues to work full time. Physical examination documents tenderness at the facet joints at L3-S1 bilaterally and in the paraspinal muscles. There is also tenderness in the sacroiliac and range of motion is diminished in all fields. MRI lumbar spine dated 11/5/14 reports no compression fracture or marrow signal abnormalities; round focus T1 and T2 hyperintensity at T11 felt to be vertebral body hemangioma.; L1-2 and L3-4 disc bulge touching thecal sac causing central spinal stenosis, L4-5 diffuse disc bulge contributes to central canal stenosis; L5-S1 diffuse disc bulge compresses thecal sac without causing central canal stenosis. The provider is requesting a refill for Ibuprofen 800mg, #60.

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 Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The primary treating physician's progress report dated 3/3/15 indicated that the patient has hypertension. Current medications include high blood pressure pills. No blood pressure measurements were documented. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. No recent blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Ibuprofen is not supported by MTUS guidelines. Therefore, the request for Ibuprofen is not medically necessary.