

Case Number:	CM15-0068876		
Date Assigned:	04/16/2015	Date of Injury:	09/28/2009
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 52 year old female, who sustained an industrial injury on 9/28/09. The injured worker has complaints of pain over the cervical, thoracic and lumbar spine. The cervical spine radiates into both shoulders. Her low back pain radiates into both lower extremities. The diagnoses have included C5-C6 3 millimeter central disc protrusion with persistent cervical pain and referred pain into the shoulders and upper back; persistent low back pain with L4-L5 disc desiccation and annular tear with small central disc protrusion; chronic L4-L5 radiculopathy on the left and minimal evidence of L5 reinnervation on the right per electromyography/nerve conduction velocity of March 28, 2012. Treatment to date has included cymbalta with an improvement in her neuropathic pain and improvement in her depression; ibuprofen is beneficial although it does cause gastrointestinal symptoms; omeprazole is beneficial in treating the gastrointestinal symptoms; L4-L5 EST; trigger point injections of the cervical and lumbar region; physical therapy and acupuncture. The documentation noted that the injured worker has failed virtually all oral narcotics including tramadol, Vicodin, norco, nucynta, morphine sulfate IR (MSIR) , tylenol with codeine, percocet and dilaudid and butrans patches due to severe nausea and vomiting. She has failed Lidoderm patches and muscle relaxants including tizanidine due to side effects of headaches, lack of benefit or side effects. The request was for ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving ibuprofen since at least March 2012 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.