

Case Number:	CM15-0074947		
Date Assigned:	04/24/2015	Date of Injury:	04/10/2001
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on 4/10/2001. Diagnoses have included spinal/lumbar degenerative disc disease and right lumbar radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), lumbar spine fusion, spinal cord stimulator and medication. According to the progress report dated 3/26/2015, the injured worker complained of back pain radiating from the low back down the right leg. She rated her pain as 3.5/10 with medications. Without medications, her pain was rated 10/10. Current medications included Ibuprofen and Roxicodone. The injured worker had a slow, antalgic gait. Exam of the lumbar spine revealed tenderness over the sacroiliac spine and restricted range of motion. Authorization was requested for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Rx 3/26/15 Ibuprofen 600mg #90 x 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

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

Decision rationale: MTUS recommends anti-inflammatory medications as first-line treatment for multiple forms of musculoskeletal pain. An initial physician review states that MTUS does not support NSAIDs for chronic use or without specific documentation of objective functional benefit; however, MTUS does support NSAIDs for ongoing use and supports the use of such medication even for reported subjective pain relief without objective functional correlation. The guidelines encourage ongoing assessment for potential side effects, but the decision whether or not to continue use is within the discretion of the treating physician and patient based on the treatment guidelines. For these multiple reasons, the request is consistent with MTUS guidelines. Thus the request is medically necessary.