MAXIMUS Federal Services

Case Number:	CM15-0075467		
Date Assigned:	04/27/2015	Date of Injury:	04/01/2013
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
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: 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 44 year old male, who sustained an industrial injury on April 1, 2013. The injured worker has been treated for low back complaints. The diagnoses have included low back pain, lumbar radiculopathy and radiculopathy. Treatment to date has included medications, radiological studies, epidural steroid injections, chiropractic care and a home exercise program. Current documentation dated March 9, 2015 notes that the injured worker reported low back pain rated at a four out of ten on the visual analogue scale. The pain was noted to be unchanged from the prior visit. He also reported difficulty sleeping. Examination of the lumbar spine revealed tenderness to palpation and paravertebral hypertonicity on the left side. Range of motion was noted to be restricted. A straight leg raise test was positive on the left side. The treating physician's plan of care included a request for the medication Ibuprofen 800 mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 03/09/15 with lower back pain rated 4/10 with medications, 9/10 without medications. The patient's date of injury is 04/01/13. Patient is status post lumbar epidural steroid injection at levels and date unspecified. The request is for IBUPROFEN 800MG #90 WITH 1 REFILL. The RFA is dated 03/23/15. Physical examination dated 03/09/15 reveals tenderness to palpation of the lumbar paravertebral muscles, with hypertonicity/spasm noted on the left side, and positive straight leg raise test on the left side at 65 degrees. The patient is currently prescribed Oxycodone, Flexeril, Ambien, and Ibuprofen. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines, pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Ibuprofen for this patient's chronic lower back pain, the request is appropriate. Progress notes indicate that this patient has been taking Ibuprofen since at least 03/28/14. Progress note dated 03/09/15 documents a reduction in pain from 9/10 to 4/10 attributed to this patient's medications. The same progress note states that this patient is able to exercise for approximately 2 hours per day, owing to anti-inflammatory and opioid medications. Given the conservative nature of this medication, and the provided documentation of pain reduction and functional improvement, continuation is substantiated. The request IS medically necessary.