

Case Number:	CM15-0076933		
Date Assigned:	04/28/2015	Date of Injury:	09/19/1995
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old male, who sustained an industrial injury on 9/19/1995. He reported low back pain. The injured worker was diagnosed as having post laminectomy lumbar, and lumbar or thoracic radiculopathy. Treatment to date has included medications, implanted spinal infusion, and lumbar surgery. The request is for Ibuprofen 800mg #60. The records indicate he has been utilizing Ibuprofen since at least October 2014. The records indicate the implanted spinal infusion pump to be working well for his pain. On 2/2/2015, it is reported that he had continued low back pain, and that an attempt 2 months earlier to reduce the infusion pump rate by 5% made his pain worse. The treatment plan included Ibuprofen.

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 Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 9/19/95. He has been treated with surgery, spinal infusion pump, physical therapy and medications to include NSAIDS since at least 10/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.