

Case Number:	CM15-0091306		
Date Assigned:	05/15/2015	Date of Injury:	09/28/2009
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 52-year-old female who sustained an industrial injury on 09/28/2009. Diagnoses include C5-C6 central disc protrusion, L4-L5 disc desiccation and annular tear with small disc protrusion and chronic L4-L5 radiculopathy. Treatment to date has included medications, physical therapy, epidural steroid injections, acupuncture and trigger point injections. MRI of the lumbar spine on 10/18/14 showed a 2mm central disc bulge at L4-5 with central annular tear and very slight facet hypertrophy without canal or foraminal stenosis or nerve root impingement. Electrodiagnostic testing of the lower extremities on 3/28/12 diagnosed left L4-5 radiculopathy. According to the progress notes dated 3/9/15, the Injured Worker reported right arm pain that radiated into the thumb and index finger. She also complained of pain in the cervical spine radiating into the bilateral shoulders and low back pain radiating into the bilateral lower extremities. She did, however, note an improvement in pain and depression since beginning Cymbalta. She also noted Ibuprofen was beneficial when taken with the Omeprazole for gastrointestinal (GI) symptoms. On examination, there was tenderness and spasms over much of the cervical and lumbar spine, with hypoesthesia in the left L4 greater than L5 dermatome. Current medications for pain were Cymbalta, acetaminophen and Ibuprofen. A request was made for Ibuprofen 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in September 2009 and continues to be treated for the neck and low back pain. Although she has a history of epigastric pain, she has taken non-steroidal anti-inflammatory medication on a daily basis since approximately 2009. She underwent endoscopy which included findings of a hiatal hernia and gastroesophageal reflux disease. Medications also include omeprazole. When seen, she had tenderness throughout her spine. There was a positive right Tinel's test. She had positive straight leg raising and there was decreased left lower extremity strength, sensation, and an absent left Achilles reflex. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations. Although the claimant has gastritis with endoscopic findings of gastroesophageal reflux disease, she and her provider are aware of this and she has elected to continue taking this medication. The request is medically necessary.