

Case Number:	CM15-0095422		
Date Assigned:	05/22/2015	Date of Injury:	05/28/2008
Decision Date:	06/29/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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 is a 48 year old male, who sustained an industrial injury on 5/28/08. He reported initial complaints of low back pain. The injured worker was diagnosed as having low back pain; lumbar radiculopathy; neck pain. Treatment to date has included physical therapy; chiropractic care; acupuncture; medications. Currently, the PR-2 notes dated 4/14/15 indicated the injured worker returns to clinic for follow-up. He states that with medications, he is able to keep his pain at a manageable level. However, he also notes that acupuncture has been significantly helpful. His pain is on average 7/10 but with acupuncture, it can bring his pain down to 5/10 and that is without medications. He feels that acupuncture is making the pain feel "localizing". He is able to decrease the ibuprofen to 1-2 a day and sleep at night with this therapy. He is independently ambulating into and out of the exam rooms with no acute distress. There is no distal edema. The provider's treatment plan included an additional request for acupuncture to help improve functionality and help the injured worker to improve pain levels and not be dependent on medications. He is also requesting Ibuprofen/Motrin 800 mg # 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen/Motrin 800 mg Qty 90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73.

Decision rationale: The claimant sustained a work injury in may 2008 and continues to be treated for back pain. When seen, there had been significant improvement with acupuncture treatments. Pain was rated at 5-7/10. He had been able to decrease his use of medications. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.