

<b>Case Number:</b>	CM13-0043525		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44-year-old male who reported an injury on 05/01/2011. The mechanism of injury was not submitted. The patient was diagnosed with lumbar radiculopathy, facet arthropathy, and lumbar sprain/strain. The documentation stated the patient continued to complain of bilateral lumbar and right sciatica pain. The patient reported this pain is spreading to the left lumbar region and waking him from sleep. The physical examination revealed tenderness to palpation at L4-5, increased pain with extension, decreased range of motion, a positive lying straight leg raise, positive sitting straight leg raise, and motor weakness. The patient has been treated with epidural steroid injections, medial branch blocks, and a radiofrequency ablation procedure that netted only 50% improvement in pain

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Ibuprofen 800mg (with 2 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states ibuprofen is recommended as an option for chronic low back pain for short-term symptomatic relief. Guidelines also state there is inconsistent evidence for the use of NSAIDs (non-steroidal anti-inflammatory drugs) to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and with neuropathic pain. The clinical documentation submitted for review does not indicate how long the patient has been taking ibuprofen. Given the lack of documentation to support guideline criteria, the request is non-certified.