

<b>Case Number:</b>	CM13-0052307		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 67-year-old male with date of injury of 12/13/2010. Listed assessment by [REDACTED] per report 10/02/2013 has: 1. Lumbar intervertebral disk degeneration. 2. Lumbar radiculitis. The patient's presenting symptoms are low back with stiffness and sharp pain and hip pain. Severity of the condition is 9/10. List of medications are BuTrans, ibuprofen 800 mg p.o. t.i.d., Lyrica, Percocet. 10/31/2013 report by [REDACTED] has similar findings if not verbatim under subjective complaints. Treatment plan is also identical and talks about potential for addiction habituation with use of narcotic medications, etc. Another report, 08/13/2013, the subjective complaint is again nearly identical but patient is pending surgical consultation. There is no discussion on how the patient has responded to the use of Motrin. Another report by [REDACTED], 07/18/2013, has identical subjective complaint but noted marked increase in spinal pain over the course of the past few months. Treatment plan again is as far as I can tell identical. No discussion regarding Motrin. Listed medications do not include Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg 1 PO TID, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** This patient presents with chronic low back pain. The request for ibuprofen 800 mg p.o. t.i.d. has been denied by utilization review letter dated 10/15/2013. The rationale is that the claimant did not have acute exacerbation of pain or breakthrough pain and that NSAIDs are not indicated in the treatment of chronic neuromusculoskeletal pain. Included in the file were 371 pages of reports. Despite review of the treating physician's report on 05/08/2013 to 10/30/2013, I was not able to see any documentation of medication efficacy from use of Motrin. It would appear that the patient was prescribed with Motrin starting 08/13/2013 as Motrin was not prescribed on 07/18/2013. However, there were no mentions how the patient is responding to this medication. MTUS Guidelines page 60 clearly require "a record of pain and function with the medication." Although page 22 of MTUS Guidelines recommend use of nonselective nonsteroidal antiinflammatory drugs in chronic low back pain, documentation of pain assessment and function is required for all the medications used for chronic pain. In this patient, despite reviewing multiple reports, there is not a single mention of what the Motrin is doing for this patient, why this is being prescribed, and with what effect. Given the lack of documentation, recommendation is for denial.