

<b>Case Number:</b>	CM13-0057396		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/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 43-year-old with a date of injury of 07/06/09. A progress report associated with the request for services, dated 11/08/13, identified subjective complaints of low back & leg pain. The objective findings included tenderness to palpation and decreased strength in the left lower extremity. The diagnoses included lumbar stenosis with radiculopathy. The treatment has included non-steroidal anti-inflammatory drugs (NSAIDs), Prozac, and opioids. A Utilization Review determination was rendered on 11/13/13 recommending non-certification of "IBUPROFEN 800 MG # 90 0 REFILL; ONE URINE TOXICOLOGY SCREEN".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800 MG # 90, WITH ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 12, 67-73.

**Decision rationale:** Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Guidelines indicate that NSAIDs have been recommended for use in osteoarthritis. It is noted that they are "Recommended at the lowest dose for the shortest period in patients with

moderate to severe pain." Precautions should be taken due to side effects. Concurrent use of selective serotonin reuptake inhibitors (SSRIs) is not recommended, since the combination is associated with a moderate risk of serious upper gastrointestinal (GI) events compared to use of NSAIDs alone. The guidelines indicate that acetaminophen and NSAIDs are recommended as the first-line therapy in low back pain. However, in this case, the patient is also on an SSRI. Likewise, there is no documentation of the improvement related to ibuprofen and there is no evidence of medical necessity.

**ONE (1) URINE TOXICOLOGY SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Controlled Substances (May 2009), pages 10, 32 and 33. The Claims Administrator also cited the California Chronic Pain Medical Treatment Guidelines, M

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** This patient is on chronic opioid therapy. The Chronic Pain Guidelines recommend frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening two to three (2 to 3) times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. This patient appears to be low risk and had a drug screen certified on 09/13/13. There is no documentation of the medical necessity of another urine drug screen at the time of request.