

<b>Case Number:</b>	CM13-0065186		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Occupational Medicine 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 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 is a 50-year-old female with a 12/21/98 date of injury. The mechanism of injury was not noted. In a progress note dated 12/17/13, the patient reported his lower back pain is mild and improving. Symptoms are aggravated by ascending stairs, bending, descending stairs, extension, flexion, jumbling, pushing, standing, twisting, and walking. Symptoms are relieved by injection, massage, and medications. Objective findings include antalgic gait, diminished lower extremity muscle tone, tenderness of lumbar spine upon palpation, active and painful range of motion with limiting factors of pain. Diagnostic impression includes osteoarthritis, sacrolitis, muscle spasms, chronic pain due to trauma, radiculopathy (thoracic or lumbosacral), heartburn, low back pain, breast carcinoma, degenerative lumbar disc disease and polymyalgia rheumatica Treatment to date includes medication management, activity modification and surgery. A UR decision dated 11/12/13 denied the request for Ibuprofen due to lack of clinical information. There is lack of information regarding the actual current medication regimen, how long the claimant has been taking the medication, how the claimant actually takes the medication as opposed to how it is prescribed, whether there is any consideration of the review of systems positive for abdominal pain and diarrhea which may be related to taking the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN:** 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 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a progress note dated 5/27/14, the physician refers to a 5/7/14 report identifying functional gains and improvement in activities of daily living. However, that report was not provided for review. In addition, it is noted that the patient had a gastrectomy for history of ulcers in 2013. Guidelines recommend ibuprofen as a second-line agent after a trial with acetaminophen, especially in patients with gastrointestinal complaints. NSAIDs such as Ibuprofen put patients at higher risk for GI side effects, and this patient is at significantly higher risk due to her prior history of a ulcers and a gastrectomy. Furthermore, the strength and quantity of ibuprofen requested are not provided. Therefore, the request for Ibuprofen, as submitted, was not medically necessary.