

<b>Case Number:</b>	CM14-0102733		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 44-year-old male who sustained an injury on 5/15/13. As per the report of 5/23/14, he complained of constant mild to occasional moderate low back pain with stiffness and burning pain radiating to both lower extremity to both posterior thighs. He noted decreased paresthasias in both feet as well as improved sleep; he rated his pain as 2/10. Spine exam noted increased lumbar lordosis, tenderness to palpation over the spinous processes at L3 down to S1 with bilateral paraspinal tenderness without spasm. CT scan of the lumbar spine dated 12/9/13 revealed bilateral L5 spondylosis with grade I spondylosthesis of L5 on S1; there were degenerative disc changes noted at L3-4, L4-5 and L5-S1 with bilateral neuroforaminal narrowing and hypertrophic sarcoilitis. MRI of the lumbar spine dated 8/13/14 revealed multilevel degenerative changes; at L3-4 there was broad based bulge with right foraminal stenosis and moderate left foraminal stenosis; at L4-5 there was mild central canal spinal stenosis; at L5-S1 there was broad based disc bulge with facet arthrosis. Current medications include Gabapentin 200mg, Ibuprofen 600mg, Tramadol 50mg, Flexeril 10mg, and Polar Frost Topical. Past treatments include Relafen, PT which provided temporary relief and epidural injection undated with improvement although he had increased stiffness with moderate constant pain in the back. The patient had a trial of Prednisone taper which was not helpful. Diagnosis: Grade I lumbar spondylosthesis of L5 on S1; chronic lumbar discogenic pain secondary to degenerative disc disease at L3-4 and L5-S1. The request for Ibuprofen 400mg, qty 60 was denied on 6/6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 400mg, qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs Page(s): 71-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ibuprofen Page(s): 67.

**Decision rationale:** According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. In the absence of objective functional improvement, the medical necessity for Ibuprofen has not been established. Therefore the request is not medically necessary.