

<b>Case Number:</b>	CM14-0108784		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 41-year-old female with a reported date of injury on 09/22/2006. The mechanism of injury occurred while the injured worker was cleaning a bathtub, when her hand slipped and she struck her left chest at the ribcage against the side of the bathtub. Her diagnoses included thoracic back sprain, lumbar sprain, thoracic facet joint pain, and chronic pain syndrome. The injured worker has had previous treatments of chiropractic therapy, physical therapy, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker had an examination on 07/03/2014 with complaints of low back pain and a followup regarding her thoracic back sprain and her lumbar sprain. She rated her pain at 8/10. She described her pain as being sharp and constant. Upon physical examination there was mild diffuse tenderness and hypertonicity to the left T3 to T8 area. The injured worker complained of gastrointestinal issues associated with her Norco and her ibuprofen use, which were alleviated with Omeprazole. Her list of medication consisted of Amitriptyline, Hydrocodone, Ibuprofen, Loratadine, Norco, and Omeprazole. The recommended plan of treatment was to renew her medications and to give her a TENS unit for home use. The Request for Authorization was signed and dated on 06/16/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin Advil).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68..

**Decision rationale:** MTUS Guidelines recommend the use of nonsteroidal anti-inflammatory drugs (NSAIDs) at the lowest dose for the shortest period of time. The MTUS Guidelines recommend NSAIDs for a second line of treatment after acetaminophen for back pain. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. MTUS Guidelines state that Ibuprofen is usually recommended for treatment of rheumatoid arthritis. Efficient clinical improvement should be observed to offset potential risk of treatment with the increased doses. The injured worker does not have a diagnosis of osteoarthritis or of rheumatoid arthritis. The injured worker has been prescribed this medication since at least since 12/2010 and does complain of nausea and gastrointestinal issues. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed, in order to determine the necessity of the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. The clinical information fails to meet the evidence based guidelines. As such, the request is not medically necessary.