

<b>Case Number:</b>	CM14-0148445		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal 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 patient had his injury on 6/12/14. He saw his M. D. on 8/21/14 and was noted to have increase in lumbar pain with radiation down his right leg into his foot. He was noted to have low back pain on palpation and stiffness. Also, straight leg raise test was positive. The diagnosis was lumbar strain. The plan of treatment was Flexeril, Motrin, PT, MRI, and orthopedic consultation. The request for Motrin was refused by UR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg tabs, tid #30 1 bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 69.

**Decision rationale:** Motrin is a pain medication and classified as an NSAID. The guidelines state that NSAID's are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. In the above

patient we note that he was given Motrin for his lumbar pain. However, no mention was made of an attempt to treat his pain with the less toxic acetaminophen medication. Therefore, the request is not medically necessary.