

<b>Case Number:</b>	CM14-0037718		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hip and thigh pain reportedly associated with an industrial injury of April 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; at least 10 sessions of physical therapy; and reported return to regular duty work. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for 100 tablets of ibuprofen outright. The claims administrator exclusively cited guidelines in its denial and did not incorporate any applicant-specific rationale into its decision. The applicant's attorney subsequently appealed. A June 19, 2014 progress note was notable for comments that the applicant had successfully returned to regular work at [REDACTED] effective January 2014 and was performing heavy lifting, stooping, walking, and bending, in conjunction with his work with special needs students. The applicant did have ongoing complaints of hip and thigh pain, it was stated. X-rays of the pelvis and knee were essentially negative, it was stated. The applicant was returned to regular work and asked to continue conservative management. On January 14, 2014, the applicant was returned to regular work without restrictions. On December 17, 2013, the applicant was described as using Motrin for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg # 100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22; 7.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions. It is further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant's successful return to regular duty work does constitute evidence of functional improvement as defined in MTUS 9792.20f with ongoing usage of ibuprofen. Therefore, the request is medically necessary.