

<b>Case Number:</b>	CM14-0057327		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family Medicine, and is licensed to practice in North Carolina. 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 is a 56 year-old with a reported dated of injury of 06/29/2013 due to a mechanical failure of the chair the patient was sitting in while at work. The patient has the diagnoses of lumbosacral sprain, phobia disorder and spasm of the muscle. Per the progress reports provided by the primary treating physician dated 02/19 2014, the patient has complaints of lumbar spine pain rated a 7/10 that is frequent and unchanged form previous visits. The physical exam noted restriction in the lumbar spine range of motion with hypertonicity of the paraspinal muscles bilaterally with a positive straight leg raise on the left. Treatment recommendations included a pain management consult, medication refill and request for Kera-Tek analgesic gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state non-steroidal anti-inflammatory drugs (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. The patient has been using the requested medication for longer than the short-term symptomatic relief with no documentation of actual symptomatic relief. The long-term use of this medication is associated with adverse effects. Without objective documentation of clinical improvement with this medication, the continued use of the medication is not medically necessary.