

<b>Case Number:</b>	CM14-0176960		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### 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 Practice 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:

64 yr. old male claimant sustained a work injury on 8/4/08 involving the right shoulder, right knee and right pelvis. He was diagnosed with right knee tendonopathy, right shoulder joint derangement and a fracture of the right pelvis. An x-ray of the cervical spine on 7/29/14 indicated the claimant had mild degenerative changes of C3-C7. A progress note on 9/4/14 indicated the claimant had 7/10 pain. Exam findings were notable for spasms and tenderness in the mid back, right trochanter, right neck and right shoulder. He had a prior EMG with right C6 radiculopathy and 6 years of right-sided back pain. The physician requested continuation of Ibuprofen 800mg TID, MRI of the cervical spine, and MRI of the lumbar spine. He had been on Ibuprofen for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg, Qty: 90:** Upheld

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

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

**Decision rationale:** According to the 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. It is recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. In this case, the claimant had been on Ibuprofen for months. There is no indication of Tylenol failure. The claimant's pain level or function had not improved over the past few months while on Ibuprofen. The continued use of Ibuprofen is not medically necessary.

**MRI Cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 303-305

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had an x-ray and EMG indicating the diagnostic findings associated with chronic pain. The request for an MRI of the cervical spine is not medically necessary.

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 303-305

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.