

<b>Case Number:</b>	CM14-0187855		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48-year-old man who sustained a work-related injury on July 22, 2013. Subsequently, the patient developed a chronic back pain. According to a progress report dated October 22 2014, the patient continued complaining of back pain radiating to the left hip, buttock, and down the left leg with numbness and weakness. Objective findings include positive straight leg raising, left at 70 degrees, negative on the right. Decreased strength, left foot, and plantar flexion against resistance. Decreased sensation S1 distribution. The patient was diagnosed with lumbar herniated nucleus pulposus and lumbar spine radiculopathy. The provider requested authorization for Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Ibuprofen 800 mg #100 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a

short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800 mg # 100 is not medically necessary.