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| <b>Case Number:</b>   | CM14-0202703 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 01/15/2014 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 11/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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:

This is a 35 year old male patient who sustained a work related injury on 1/15/14. He sustained the injury during a motor vehicle accident. The current diagnoses include sprain of the thoracic and cervical region and shoulder per the doctor's note dated 11/17/14, Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion. The current medication lists include Ibuprofen, Norco, Flexeril, Naprosyn, Soma and Tramadol. The patient had received cervical epidural injection for this injury. The patient has had EMG that revealed right ulnar neuropathy and cervical radiculopathy; MRI of the cervical spine on 02/07/2014 that revealed disc bulging at C5-C6; CT scan and X-ray of the cervical spine on 1/15/14 those were normal. The patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Ibuprofen 800 mg, one refill:** Overturned

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

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

**Decision rationale:** Ibuprofen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Patient is having chronic pain and is taking Ibuprofen for this injury. The current diagnoses include sprain of the thoracic and cervical region and shoulder. Per the doctor's note dated 11/17/14, Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion. The patient had received cervical epidural injection for this injury. The patient has had EMG that revealed right ulnar neuropathy and cervical radiculopathy; MRI of the cervical spine on 02/07/2014 that revealed disc bulging at C5-C6. NSAIDs like Ibuprofen are first line treatments to reduce pain. Ibuprofen 800 mg, one refill use is deemed medically appropriate and necessary.