

<b>Case Number:</b>	CM14-0043029		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/19/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine Rehab, 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 42 year old female patient with an injury date of 06/19/2009 described as experiencing an intense popping sound accompanied with pain in the lower back while carrying a 5 gallon bucket of oil. She reported the injury to employer and noted being sent several days later to an emergency department for evaluation where she was given medication. Eventually she was sent for chiropractic treatment. A pain management follow up visit dated 10/22/13 described the patient with complaints of lower back pain rated an 8 in intensity and described as dull, sharp pain that radiated into the left leg and is associated with numbness, tingling and weakness. She is noted getting some relief of pain by using the brace and exercising with mention that medication is less effective. She is prescribed Naproxen and Protonix. Physical examination found paravertebral muscles tender bilaterally with palpation. Spinous process tenderness noted on L1-L5 and light thought sensation is decreased over the medial calf, lateral calf on the left side. She is diagnosed with thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration and lumbar disc displacement without myelopathy. The plan of care involved requesting general surgeon regarding mass on left side of rib cage. Request for psychological consult assessing anxiety and depression. The patient was noted as temporarily totally disabled; follow up in two weeks. Another follow up visit dated 11/27/13 described the patient with increased complaint of lower back pain rated a 10 in intensity and reported due to having had worked 13 hours the day previously. It was noted that she had received the following treatments: physical therapy, chiropractic and acupuncture. Physical examination of lumbar region found the patient with restricted range of motion, flexion limited to 60 degrees and extension limited to 10 degrees. Upon palpation noted with positive paravertebral tenderness bilaterally. A follow up visit dated 12/26/13 showed new prescriptions for Mentherm Gel and Topiramate. The plan of treatment involved psychological therapy and the patient was deemed meeting the criteria for

chronic pain syndrome. A retrospective request was made on 3/5/14 asking for Ibuprofen. The Utilization Review denied the request on 3/12/14 as not meeting medical necessity requirements.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Request: Ibuprofen 800 mg. One (1) tablet two(2) to three (3) times a day #90  
Date of Service: 3/5/2014 to 6/30/2104: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** This is a 42 year old female patient with an injury date of 06/19/2009 described as experiencing an intense popping sound accompanied with pain in the lower back while carrying a 5 gallon bucket of oil. Diagnosed with thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration and lumbar disc displacement without myelopathy. Conservative care has included medications, physical therapy, chiropractic, acupuncture, and modified activities/rest. Treatment plan included continued medications. 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of Retrospective Request: Ibuprofen 800 mg. One (1) tablet two(2) to three (3) times a day #90 Date of Service: 3/5/2014 to 6/30/2104 as noted by the provider. The request is not medically necessary and appropriate.