

<b>Case Number:</b>	CM15-0134640		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

### 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 48 year old female injured worker suffered an industrial injury on 6/23/2010. The diagnoses included left lumbar radiculopathy, right cervical radiculopathy, cervical disc herniations and lumbar spondylosis with fusion. The treatment included medications, spinal surgery and physical therapy. On 6/1/2015 the treating provider reported ongoing migraines and headaches rated 7/10 with medication and 10/10 without medication. She complained of lower back pain that radiated down the left buttock, left hip and down the left lower extremity with numbness and pain in the left ankle and bilateral feet which is rated 7/10 with medications and increased to 10/10 without medication. On exam there was an impaired gait and decreased sensation over the lumbosacral distribution. The straight leg raise on the left was positive. It was not clear if the injured worker had returned to work. The requested treatments included Ibuprofen 800mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Disability Duration Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID nonsteroidal anti-inflammatory drugs Page(s): 67-73.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for non-steroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short term therapy. It is recommended at lowest dose for the shortest period in patient with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. There also needs to be evidence of functional improvement. The documentation provided did include pain levels with/without medication. The medical record did not included evidence of functions improvement with this medication and there was not evidence of a comprehensive aberrant drug use risk assessment. There was no evidence of an acute condition or an acute exacerbation of a condition in the medical record which was the recommended indications of use of this medication. Therefore Ibuprofen was not medically necessary.