

<b>Case Number:</b>	CM15-0182323		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/31/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 28 year old male with a date of injury on 10-31-14. A review of the medical records indicates that the injured worker is undergoing treatment for left hip and lumbar spine. According to QME dated 5-22-15, the injured worker uses ibuprofen to get by. Medical records (7-2-15 and 8-13-15) indicate ongoing complaints of pain rated 5-6 out of 10. He uses ibuprofen for pain. The MRI of the left hip has not been authorized despite evidence of labral tear. He also has complaints of neck pain. He is working with modified duty. Upon exam, he has lumbar tenderness and muscle spasms, tender to palpate over left hip and pain with motion. Request for authorization dated 8-17-15 is for Ibuprofen 600 mg #120 every 8 hours. Utilization review dated 8-26-15 non-certified the request for ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, including ibuprofen, as a treatment modality. In general, NSAIDs are only recommended for the short-term treatment of acute exacerbations of pain. The specific recommendations for use of NSAIDs are as follows: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. Back Pain: Chronic low back pain: 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. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, the records indicate that ibuprofen is being used as a long-term treatment strategy for this patient's pain. As noted in the above cited MTUS guidelines, only short-term use is recommended. There is no evidence in the medical records to justify long-term use. For these reasons, ibuprofen 600mg #120 is not medically necessary.