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| <b>Case Number:</b>   | CM15-0187605 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 07/16/1991 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 09/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2015 |

### 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, North Carolina  
 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:

The injured worker is a 54 year old male who sustained an industrial injury on 7-16-91. A review of the medical records indicates he is undergoing treatment for lumbar disc displacement. Medical records (6-23-15, 8-11-15) indicate complaints of low back pain. The physical exam (8-11-15) reveals tenderness in the para lumbar area, greater on the right side. The treating provider states that he has "some pain expressed at the terminal points of flexion, extension, and lateral bending." Treatment has included warm water therapy and a Jacuzzi, as well as medications. The injured worker has been paying out-of-pocket for the water therapy. His medications include Vicodin and Ibuprofen. He has been receiving Ibuprofen since, at least, 3-10-15. The utilization review (9-23-15) includes a request for authorization for Ibuprofen 800mg #60 with 3 refills. The request was modified to Ibuprofen 800mg #60 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60 with 3 refills:** 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:** In this case, the patient is a candidate for Ibuprofen use due to a history of chronic low back pain. MTUS Guidelines recommend the use of Ibuprofen for mild to moderate pain. The use of Ibuprofen appears reasonable in this case. However since Ibuprofen is recommended for short-term use at the lowest possible dose, the request for #60 with 3 refills (240 tablets) is excessive. The patient should be reassessed on a more frequent basis to determine ongoing efficacy, pain relief and functional improvement before further refills are approved. Therefore, the request is not medically necessary as submitted.