

<b>Case Number:</b>	CM15-0194312		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46-year-old female, who sustained an industrial injury on March 10, 2010, incurring low back and feet injuries. She was diagnosed with a lumbar disc herniation and bilateral plantar fasciitis. Treatment included anti-inflammatory drugs, pain medications, and cortisone injections to her feet, physical therapy, and surgical interventions. She underwent lumbar surgery. Currently, the injured worker complained of persistent pain in the lower back rating it 6 out of 10 on a pain scale from 1 to 10, radiating down the left leg with numbness and tingling. Her back pain was aggravated with prolonged sitting and standing, bending twisting, carrying and lifting. She complained of pain in the bilateral feet rated her pain 9 out of 10 in the right foot and 4 out of 10 in the left foot. She noted decreased range of motion of the ankles secondary to the foot pain. Anti-inflammatory drugs helped decrease her pain and allowed her to ambulate longer. The treatment plan that was requested for authorization on October 2, 2015, included a prescription for Motrin 800 mg #60. On September 22, 2015, a request for Motrin was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin (Ibuprofen) 800mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

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

**Decision rationale:** According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for "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 to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" There is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore, the determination is not medically necessary.