

<b>Case Number:</b>	CM15-0198247		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Emergency 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 injured worker is a 28 year old male, who sustained an industrial injury on 11-5-2014. The injured worker is undergoing treatment for lumbar strain-sprain with levoscoliosis. Medical records dated 9-8-2015 indicate the injured worker complains of back pain. He reports he has started physical therapy and feels slightly better. He rates his pain 7-8 out of 10 and will try regular work duties. Physical exam dated 9-8-2015 notes lumbar paraspinal tenderness to palpation and decreased lumbar range of motion (ROM). Treatment to date has included ibuprofen 800mg, Tylenol ES and physical therapy. The original utilization review dated 9-17-2015 indicates the request for Tylenol ES #60 is certified and ibuprofen 600mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg Qty 60:** Overturned

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

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

**Decision rationale:** The requested Ibuprofen 600 mg Qty 60, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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. The injured worker has back pain. He reports he has started physical therapy and feels slightly better. He rates his pain 7-8 out of 10 and will try regular work duties. Physical exam dated 9-8-2015 notes lumbar paraspinal tenderness to palpation and decreased lumbar range of motion (ROM). The treating physician has documented continued inflammatory conditions. The criteria noted above having been met, Ibuprofen 600 mg Qty 60 is medically necessary.