

<b>Case Number:</b>	CM15-0198773		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old male, who sustained an industrial-work injury on 9-29-08. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar spine surgery, multi-level lumbar disc bulges, lumbar disc protrusion, lumbar radiculopathy and gastritis. Medical records dated (3-24-15 to 9-11-15) indicate that the injured worker complains of chronic low back pain and headaches with gastrointestinal issues. The injured worker states that the back pain is rated a 1-2 out of 10 on the pain scale, which has been unchanged and basically achy. The headaches come and go with some blurred vision and are rated 4-5 out of 10 on the pain scale. Per the treating physician report dated 9-11-15 the injured worker may return to modified work. The physical exam dated 9-11-15 reveals that the lumbar exam shows flexion is 55 out of 90 degrees and extension is 20 out of 25 degrees. The physician indicates that he will prescribe Ibuprofen for the pain. Treatment to date has included pain medication such as Naproxen, Ibuprofen since at least 9-11-15, lumbar surgery 12-22-14, diagnostics and other modalities. The request for authorization date was 9-11-15 and requested service included Ibuprofen 800mg #90 with 2 refills. The original Utilization review dated 9-30-15 non-certified the request for Ibuprofen 800mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 2 refills: Upheld**

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

**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:** Regarding the request for Ibuprofen 800mg #90 with 2 refills, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. They also state there is no evidence to recommend one drug in this class over another based on efficacy. Within the documentation available for review, there is no indication that the Naproxen was providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Ibuprofen 800mg #90 with 2 refills is not medically necessary.