

<b>Case Number:</b>	CM15-0205557		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 45 year old female who sustained an industrial injury on May 04, 2009. The worker is being treated for: traumatic brain injury, post-traumatic stress disorder, partial remission, primary insomnia and cognitive disorder; depressive disorder, cervicgia and spasms. Subjective: March 06, 2015 she reported neck pain with associated feeling of having constant pressure in the eyes. She further reports having headaches, dizziness, anxiety and excessive sleepiness. Medications: March 06, 2015: Ibuprofen, and Tizanidine. May 29, 2015: Ultracin compound topical cream, and Tizanidine. August 05, 2015: Ibuprofen, Ultracin, and Zanaflex. September 14, 2105: Ultracin, Tizanidine and Ibuprofen. Treatments: psychological care emphasis on CBT, pain management, stretches and exercises, TENS unit, DME orthotic pillow, physical therapy. On September 23, 2015 a request was made for Ibuprofen 600mg that was noncertified by Utilization Review on September 26, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Based on the 8/5/15 progress report provided by the treating physician, this patient presents with constant, non-radiating back pain, low back pain, neck pain rated 6/10. The treater has asked for IBUPROFEN 600 MG #90 on 9/14/15. The request for authorization was not included in provided reports. The patient states that she is currently in a course of physical therapy, is using a TENS unit, and that current medication regimen is providing good pain control per 9/14/15 report. The patient has had constant, severe, aching headaches increased with activity per 9/14/15 report. The patient has unchanged pain per 7/6/15 report. The patient has had multiple eye surgeries per 3/6/15 report. The patient's work status is not included in the provided documentation. MTUS, Anti-inflammatory medications Section, pg 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." Review of provided medical records show the patient was prescribed Ibuprofen since 2/9/15 report and in subsequent reports dated 5/29/15, 7/6/15, and 9/14/15. However, the treater has not documented how Ibuprofen has been effective in management of pain reduction and functional improvement with specific examples. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation, the request IS NOT medically necessary.