

<b>Case Number:</b>	CM15-0028334		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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, Hawaii

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 was a 57-year-old male, who sustained an industrial injury, November 3, 1998. According to progress note of January 8, 2015, the injured workers chief complaint was in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hands, bilateral knees, abdomen, bilateral lower back, bilateral ankles/feet and groin. The general complaint of pain/spasticity was worsening. The injured worker described the pain as sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing and electrical. The injured worker rated the pain 7 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted the injured worker stood during the exam. The injured worker was in mild distress, but displaying normal behaviors. The exam of the lumbar spine noted tenderness with palpation with decreased range of motion in the torso, transfers gingerly and uses a cane for ambulation. The injured worker was positive for radicular symptoms on the left and right lower extremities with the onset of pain with a 30 degree bend. The injured worker was diagnosed with chronic pain syndrome, pain pump trial, facet joint block, S1 joint block, nerve blocks, back pain in the lumbar spine, lumbar radiculopathy, degenerative disc disease, anxiety, depression, insomnia and opioid dependence. The injured worker previously received the following treatments rest, cane, Lidoderm patches, Lyrica, Norco, Valium, Oxycontin, Ibuprofen, Flector patches, Zanaflex and Axert. January 8, 2015, the primary treating physician requested authorization for a prescription for Ibuprofen 600mg one tablet 3 times a day #90. On January 23, 2015, the Utilization Review denied authorization for a prescription for Ibuprofen 600mg. The denial was based on the MTUS/ACOEM and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 24; 63-67; 68-69; 78-86; 100.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 69.

**Decision rationale:** The patient presents with complaints in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hands, bilateral knees, abdomen, bilateral lower back, bilateral ankles/feet and groin. The current request is for Ibuprofen 600mg #90. Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). It is unclear specifically how long the patient has been taking Ibuprofen but medication is noted historically to at least 12/6/12. The treating physician states on 1/8/15 (24B) "reviewed and refilled his previously approved medications. We will continue to re-evaluate the patient's medication regimen for chronic pain and make alterations as necessary". MTUS guidelines state that, 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 patient has been medicating with Ibuprofen for multiple years. The MTUS Guidelines purposely do not give a time limit for the use of NSAIDs. Thus the burden is on the PTP to justify the continued use of Ibuprofen. In this case, the NP is so angered by the UR process that it is difficult for her to focus on generating the necessary documentation for continued medication. The older progress reports do state pain levels with and without medications. The notes state that with medication pain is as low as 8/10 and 10/10 without medication. The Injured Worker seems to go to the ED more often without medication. Functionally, he is sedentary up to 75% of the day. Without any meds, he is lying or reclining up to 100% of the time. There is no evidence or risk factors for side effects. Without ibuprofen, it appears that the Injured Worker has no other medication for pain. The Injured Worker is on the lowest possible dose for an anti-inflammatory effect. Therefore, the current request is medically necessary and the recommendation is for authorization.