

<b>Case Number:</b>	CM15-0029208		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Preventive Medicine, Occupational 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 42 year old male, who sustained an industrial injury on 1/2/14. The PR2 dated 1/5/15 noted that the injured worker has complaints of cervical spine, lumbar spine and right shoulder pain with continued stiffness. The diagnoses have included cervical spine, lumbar spine sprain/strain; right ankle status post Open Reduction and Internal Fixation (ORIF); left hip sprain/strain and bilateral shoulder sprain/strain. The PR2 for 1/5/14 was hand written and illegible in areas. According to the utilization review performed on 2/10/15, the requested Ibuprofen 800mg has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Back pain, chronic low back pain was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800mg is not medically necessary.