MAXIMUS Federal Services

| Case Number: | CM15-0210744 | | |
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| Date Assigned: | 10/29/2015 | Date of Injury: | 03/06/2009 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

## 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old female who sustained a work-related injury on 3-6-09. Medical record documentation on 9-18-15 revealed the injured worker was being treated for chronic cervical strain with bilateral chronic trapezial strain, acute lumbar strain, worsening lumbosacral pain with radiation of pain into the bilateral lower extremities, chronic bilateral knee strain with patellofemoral pain, bilateral carpal tunnel syndrome, bilateral feet swelling, and multiple myofascial overuse syndrome. She reported persistent pain in the low back which she rated a 9 on a 10-point scale (6 on 8-14-15). Her pain radiated into the left buttock and into her leg. She reported that her pain was made better with rest and with medications. She reported only using over-the counter Tylenol because Motrin and Flexeril were not authorized. She reported that the Tylenol was not controlling her pain and only reduced her pain rating from a 9 on a 10-point scale to a 7-8 on a 10-point scale. She reported severe pain in the tailbone. She completed 3 of 12 physical therapy sessions and reported that she could not tolerate the therapy due to pain. She was walking with an antalgic gait and could not stand up erect. Objective findings included a decreased cervical spine range of motion and tenderness to palpation over the cervical paraspinal muscles equally. She had a positive cervical compression test and noted some hypertonicity of the bilateral trapezius muscles. She had tenderness over the lumbar paraspinals bilaterally with hypertonicity over the left paraspinals. Her treatment plan included Tramadol 50 mg, Robaxin 750 mg and Ibuprofen 600 mg. Her physical therapy was suspended. A request for Ibuprofen 600 mg #90 was received on 9-30-15. On 10-6-15, the Utilization Review physician determined Ibuprofen 600 mg #90 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 6/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.