

<b>Case Number:</b>	CM15-0211869		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/28/2007
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 41 year old male, who sustained an industrial injury on 7-28-07. The injured worker was diagnosed as having sprain of joints and ligament of neck, sprain of ligaments of lumbar spine, and sprain of left shoulder girdle. Treatment to date has included home exercise and medication including Ibuprofen. Physical exam findings on 10-6-15 included lumbar spine flexion to 90 degrees with little pain. Left shoulder range of motion as noted to be good but with occasional grind. On 8-11-15 low back pain was rated as 4 of 10 and neck pain was rated as 2 of 10. The injured worker had been taking Ibuprofen since at least June 2014. On 10-6-15, the injured worker complained of pain in the left shoulder, low back rated as 4 of 10, and neck rated as 2 of 10. On 10-6-15 the treating physician requested authorization for Ibuprofen 600mg #90 with 5 refills. On 10-14-15 the request was modified to certify Ibuprofen 600mg #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 600mg, #90 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Based on the 10/6/15 progress report provided by the treating physician, this patient presents with low back pain rated 4/10, neck pain rated 2/10, and left shoulder pain. The treater has asked for Ibuprofen 600mg, #90 with 5 refills on 10/6/15. The patient's diagnoses per request for authorization dated 10/6/15 are sprain of joints and ligaments of other parts of neck, sprain of ligaments of lumbar spine, and sprain of unspecified parts of left shoulder girdle. The neck pain and low back pain occurs without numbness in the extremities, and he occasionally has flare-ups of acute or chronic low back pain per 8/11/15 report. The patient is s/p an exercise/stretching program at home per 10/6/15 report. The patient has no significantly surgical history per review of reports. The patient is currently able to return to regular work with no formal restrictions per 10/6/15 report. 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The treater is requesting ibuprofen "for flare-ups of pain" per 10/20/15 report. Review of provided medical records show the patient was prescribed Ibuprofen as early as 11/25/14 and in subsequent reports dated 5/19/15, 8/18/15 and 10/20/15. The patient is not utilizing any other medication per review of reports. Utilization review letter dated 10/14/15 modifies request from 90 tabs with 5 refills to 90 tabs with 2 refills, and cites MTUS guidelines, NSAID section which states that doses of Ibuprofen should not exceed 3200mg/day and doses greater than 400mg have not provided greater relief. In this case, there is documentation of the efficacy of Ibuprofen in treating this patient's flare-ups. Considering the conservative nature of this medication and the documentation of efficacy, continuation of this medication is in accordance with guidelines. Hence, the request is medically necessary.