

<b>Case Number:</b>	CM15-0223071		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 4-2-2004. The injured worker is undergoing treatment for: right sacroiliac joint pain, right knee pain, lumbar back pain, and right shoulder pain. On 5-14-15, he reported low back pain with radiation into the buttocks rated 6 out of 10. On 9-3-15, he reported low back pain with radiation into the buttocks. Objective findings revealed restricted lumbar and right knee ranges of motion, tenderness in the low back, positive lumbar facet joint, sacroiliac joint and right knee provocation maneuvers, positive Patrick's, Gaenslen's and right sacroiliac joint provocative maneuvers, positive right Yeoman's and pelvic compression testing. The provider noted "the patient has failed physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs, and conservative treatments." The treatment and diagnostic testing to date has included: medications. Medications have included: ibuprofen, Vicodin, Norco, Lexapro, and Ambien. The records indicate he has been utilizing Ibuprofen since at least September 2014, possibly longer. There is no discussion of pain relief with Ibuprofen. Current work status: permanent and stationary, modified. The request for authorization is for: Ibuprofen 600mg one tab by mouth three times daily quantity 60 with no refills. The UR dated 10-23-2015: non-certified the request for Ibuprofen 600mg one tab by mouth three times daily quantity 60 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 MG 1 Tab By Mouth TID #60 with No Refills: 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), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant was on Vicodin which was noted to have at least 40% reduction in pain. Along with Vicodin which was noted to have 50% reduction in pain. However, the combined 90% reduction was no evident from the notes. Continued and chronic use of Ibuprofen is not medically necessary.