

<b>Case Number:</b>	CM15-0035758		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 58 year old male, who sustained an industrial injury on January 12, 2007. The diagnoses have included neck and upper extremity symptoms, post cervical anterior discectomy and fusion, lumbar degenerative disc changes, post left carpal tunnel release and bilateral foot pain. Treatment to date has included lumbar surgery, cervical surgery, medication and epidural steroid injections. Currently, the injured worker complains of persistent neck and upper extremity complaints with pain radiating into the left arm. He reports stabbing neck pain which he rates a 5 on a 10-point scale. He rates the pain a 5 on a 10-point scale and reports bilateral stabbing arm and hand pain which he rates a 6 on a 10-point scale. On February 17, 2015 Utilization Review modified a request for ibuprofen (Motrin), noting that there is no evidence to indicate that the injured worker has recently been using the medication and thus allowing modification for a short course. The California Medical Treatment Utilization Schedule was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of ibuprofen (Motrin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibruprofen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for IBUPROFEN. Per 01/02 progress report, the patient is taking Amlodipine, Losartan, Simbrinza, Carvedilol and Viagra. The patient is currently not working. For anti-inflammatory medications, the MTUS Guidelines page 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." NSAIDs are effective for chronic LBP, MTUS also states. In this case, given that the injury was back in 2007, it is likely that the patient has tried Ibuprofen in the past. None of the reports provide the medication's efficacy. This patient does suffer from chronic low back pain for which the use of NSAIDs are indicated per MTUS. However, the request does not indicate how many Ibuprofen are needed. Therefore, the request IS NOT medically necessary.