

<b>Case Number:</b>	CM15-0083332		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Ohio, North Carolina, Virginia  
 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 56 year old male, who sustained an industrial injury on October 16, 2013. The injured worker reported fall causing head, shoulder, back and buttock pain. The injured worker was diagnosed as having chronic low back pain, probable lumbar radiculopathy, possible lumbar disc degeneration, myofascial pain and status post blunt trauma. Treatment and diagnostic studies to date have included physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, exercise, chiropractic, nerve blocks, injections and acupuncture. A progress note dated March 30, 2015 provides the injured worker complains of head, left shoulder, low back and left leg pain rated 3/10 at best, 10/10 at worst and 5/10 on average. Physical exam notes full range of motion (ROM) of shoulders and arms and painful decreased range of motion (ROM) of back. The plan includes magnetic resonance imaging (MRI) and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg quantity 90 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68; 72.

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

**Decision rationale:** NSAIDS such as Ibuprofen are recommended as an option for short-term symptomatic relief for chronic back pain. 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. Acetaminophen is relatively contraindicated in this instance as the injured worker has a history of hepatitis. Because acetaminophen and products containing it are not indicted, and because Ibuprofen has previously been effective, Ibuprofen 800 mg #90 with one refill is medically necessary and appropriate.

**MRI of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back chapter. MRI section.

**Decision rationale:** Per the Official Disability Guidelines, the criteria for an MRI scan of the low back are as follows: Indications for imaging, Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection, other red flags; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient. In this instance, the injured worker did have an initial trauma to the buttocks and lower back as described in the mechanism of injury. The physician documents diminished left patellar and Achilles' reflexes on the left side and diminished serial heel raising capability. Because of the initial lumbar spine trauma and the presence of a neurologic deficit, an MRI of the lumbar spine is medically necessary and appropriate.