

<b>Case Number:</b>	CM14-0124366		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old male with a 5/24/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/15/14, the patient complained of low back pain and numbness and sharp pain. He also had burning pain in the bilateral lower extremities. His prescribed medication regimen included Ibuprofen, Norco, Tizanidine, and Voltaren gel. He stated that all medications decreased his pain by 50% without adverse effects. They continued to increase his function, including allowing him to continue strengthening in an effort to return to work. Objective findings: slightly antalgic gait, forward flex body posture, and less pain behavior than previous visits. Diagnostic impression: opioid dependence, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, psychophysiologic disorder, depressive disorder. Treatment to date: medication management, activity modification, ESI, chiropractic treatment, functional restoration program. A UR decision dated 7/25/14 denied the request for Ibuprofen. Given that the patient has been taking the requested medication for a significant amount of time and this medication is recommended by MTUS for short-term relief of symptoms, the medical necessity for the continued use cannot be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg. Unspecified Quantity:** Overturned

**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 Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation ODG) Pain Chapter, NSAIDS

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the report dated 7/15/14, the patient stated that all medications decreased his pain by 50% without adverse effects. They continued to increase his function, including allowing him to continue strengthening in an effort to return to work. Guidelines support the continued use of NSAIDs with documentation of pain relief and functional improvement. Although the quantity is not noted in the request, it is documented in the 7/15/14 note that the patient has been prescribed Ibuprofen 800mg, take 1 tablet twice a day for 30 days, 60 tablets. Therefore, the request for Ibuprofen 800mg Unspecified Quantity is medically necessary.