

<b>Case Number:</b>	CM14-0131329		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 60-year-old female with a 5/17/11 date of injury. At the time (7/9/14) of request for authorization for Ibuprofen 800mg Tablet (quantity unknown), there is documentation of subjective (constant neck pain, low back pain radiation to the legs with numbness, and right wrist pain with paresthesias) and objective (decreased and painful cervical range of motion with tenderness to palpation over the cervical paravertebral muscles; decreased lumbar range of motion with tenderness to palpation over the lumbar paravertebral muscles and bilateral sacroiliac joints; and decreased right wrist range of motion) findings, current diagnoses (status post right carpal tunnel release on 8/1/13, right shoulder pain and dysfunction, rotator cuff pathology, cervical spinal strain, and lumbar spinal strain), and treatment to date (ongoing therapy with Ibuprofen and Flexeril since at least 3/19/14). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg Tablet (quantity unknown): 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 NSAIDs (non-steroidal anti-inflammatory drugs), Other Medical Treatment Guideline or Medical Evi.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right carpal tunnel release on 8/1/13, right shoulder pain and dysfunction, rotator cuff pathology, cervical spinal strain, and lumbar spinal strain. In addition, there is documentation of chronic pain. However, given documentation of ongoing therapy with Ibuprofen since at least 3/19/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen. In addition, there is no documentation of the quantity of Ibuprofen requested. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg Tablet (quantity unknown) is not medically necessary.