

<b>Case Number:</b>	CM14-0138673		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

The injured worker is a male with a date of injury of 4/25/2012. Per primary treating physician's progress report dated 7/29/2014, the injured worker is a year and a half status post anterior cervical fusion, C5-7. He continues to do well with minimal residual neck or arm pain. He has been off work for a couple months, but this is secondary to chest pains and is currently being worked up under his private insurance. He continues to take Ibuprofen 800 mg occasionally but not every day. His primary care physician is aware of this and he has had recent laboratory work-up. On examination he has a stable and steady gait, good strength in the upper extremities and well healed incision. Diagnosis is one year and a half status post anterior cervical fusion, C5-7, satisfactory progress, solid fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Practice Guidelines, (Web-Based Edition), Revised Chronic Pain Section, Oral NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Ibuprofen 800mg #180 is determined to not be medically necessary.