

<b>Case Number:</b>	CM14-0150412		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 44-year-old female who sustained a work related injury on Oct 4, 2013 as result of tripping over a box on the floor as she walked toward a cupboard in a classroom carrying workbooks. Since then she's had complaint of both chronic neck and lumbar pain. Recent office visit concerning her pain she complains of lower back pain that radiates down her right lower extremity, all the while denying numbness and tingling. Her symptoms somewhat improved in warm weather, but worsen with activities such as standing and walking. On exam, she has tenderness to palpation over the lumbar paravertebral muscles. Appreciable range of motion restricted is noted. Straight leg raise is positive bilaterally. Neurological testing, to include muscle strength, reflexes and light touch discrimination are negative for deficits. In dispute is a decision for Ibuprofen 600mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 67-68.

**Decision rationale:** NSAIDs (non-steroidal anti-inflammatory drugs) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. 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. NSAID's are recommended for symptomatic relief of chronic low back pain. As this seems to work for the patient without any adverse side effects, this request is medically necessary to provide appropriate pain management.