

<b>Case Number:</b>	CM14-0156751		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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:

Injured worker is a female with date of injury 9/23/2011. Per primary treating physician's progress report dated 9/3/2014, the injured worker hasn't been going to physical therapy for her lumbosacral spine due to timing. Left knee pain is still acute and not less than last week, and is still awful. It still wakes her up at night. There is pain in her proximal leg as well. She has surgery in October. She has poor tolerance for walking and standing. She is pushing herself to do grocery and household chores. Pain along the entire back and also right hip, buttock down to her leg. Her sacrum felt crushed and awful. She also filed reinjury of her low back and left knee. She is on Vicoprofen. She still has neck pain and will file a new claim. On examination, the lumbosacral spine range of motion has full flexion, fair extension and painful lateral flexions. There is no tenderness to palpation of the lumbosacral spine, but right there is at LSI junction and gluteal muscles. Straight leg raise is negative, and Patrick's is negative on left. She declined Patrick's on right due to THA. Left knee has tenderness to palpation, and she pushed the examiner's hand away when checking on the medial side of her left knee. There is moderate tenderness to palpation of Sartorius bursa. There is positive compression pain. Diagnoses include 1) lumbago 2) pain in joint, lower leg 3) osteoarthritis, localized, primary, lower leg 4) thoracic or lumbosacral neuritis or radiculitis 5) spondylolisthesis 6) long term (current) use of other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE USAGE OF IBUPROFEN 400MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

**Decision rationale:** The use of NSAIDs are 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 including osteoarthritis, which may benefit from the use of NSAIDs. The clinical reports however do not indicate how long the injured worker has been treated with NSAIDs, or an assessment of pain reduction or improvement in function with NSAID use. Medical necessity for this request has not been established. The request for PROSPECTIVE USAGE OF IBUPROFEN 400MG is determined to not be medically necessary.