

<b>Case Number:</b>	CM15-0104649		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 33 year old female, who sustained an industrial injury on November 6, 2009. She reported injuring her left knee and back when she fell over a cart. The injured worker was diagnosed as having lumbar spine disc herniation/radiculopathy and left knee internal derangement with torn meniscus. Treatment to date has included physical therapy, cortisone injections, MRIs, bracing, and medication. Currently, the injured worker complains of pain in her sternum. The Treating Physician's report dated March 19, 2015, noted the injured worker's current medications included Tramadol, Omeprazole, Elavil, and Ibuprofen. Physical examination was noted to show pain on palpation of the left of the upper inner cleft of the breast. The injured worker was noted to require surgery to the left knee. The treatment plan was noted to include a refill of the injured worker's medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-67 and 70-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Ibuprofen 800 MG #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDs for an extended period without evidence of functional improvement and with persistent pain. The request for Ibuprofen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Ibuprofen 800mg #60 is not medically necessary.