

<b>Case Number:</b>	CM15-0010083		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male patient, who sustained an industrial injury on 12/24/2011. A primary treating office visit dated 11/11/2014 reported subjective complaints of right shoulder, neck and lower back pain. Pain is noted increasing with activity and the patient reported prescribed medications as effective. He is currently prescribed; Ibuprophen 800 MG, Valium 5 MG, Norco 10/325 MG and Lexapro. He has a surgical history of lower back procedure on 05/06/2013; along with having had two cervical epidural steroid injections. Physical examination found both the cervical and lumbar spine range of motion restricted. He is diagnosed with; cervical facet syndrome and disc disorder cervical. The patient is noted being in the maintenance phase for ongoing Opiate use identifying functional improvement with the use of medications. On 12/19/2014 Utilization Review non-certified the request for medications ibuprophen 800 MG and Norco 10/325 mg, noting the CA MTUS Chronic Pain, NSAIDS and Norco are cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen (unknown quantity/duration/dosage): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting the right shoulder, neck and lower back. The current request is for Ibuprofen (unknown quantity/duration/dosage). The treating physician states, "Without medications the patient reports he does not function as well and reported decreased activity." (28E) The MTUS guidelines state, "Recommended as an option for short-term symptomatic relief." In this case, the treating physician has documented that the patient has been taking this medication since at least 07/10/14. The quantity, duration, and dosage are unknown for this request, rendering this request as invalid. The current request is not medically necessary and the recommendation is for denial.