

<b>Case Number:</b>	CM15-0112365		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 52-year-old female who sustained an industrial injury on 04/29/2010. She has reported subsequent low back pain and hip pain and was diagnosed with L5-S1 degenerative disc disease and right L5 radiculitis, and cervical radiculopathy. The injured worker was also diagnosed with Hepatitis C. Treatment to date has included medication, physical therapy and epidural steroid injections. In a progress note dated 04/14/2015, the injured worker complained of insidious onset of right sided lateral hip pain felt to be sciatica by the physical therapist. The injured worker was noted to be working. The physician noted that the injured worker was using Norco every 4 hours to manage pain and was experiencing constipation. The injured worker also complained of low back and right leg pain. Objective findings were notable for an antalgic gait, tenderness over the paraspinal muscles, spasm in the lumbar paraspinal muscles, pain with flexion and difficulty with right and left toe and heel walk. An imaging study of the lumbar spine taken that day was notable for moderate L5-S1 degenerative joint disease but was otherwise unrevealing. Documentation indicates that the injured worker was to start oral medication for treatment of Hepatitis C at some time in the near future. The physician noted that the injured worker's dosage of Ibuprofen would be increased to 800 mg three times daily. A request for authorization of Ibuprofen 800 mg #90 with 2 refills was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

**Decision rationale:** As per Medical Treatment Utilization Schedule (MTUS) guidelines, for the use of NSAID's "it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." Documentation shows that the injured worker had been prescribed Ibuprofen for pain since at least 2011. There is no documentation of specific pain ratings before and after use of the medication, nor is there any description as to the degree of effectiveness of the pain medication. There is no documentation of significant functional improvement or pain reduction with use of the medication despite increased dosages of Ibuprofen over time. In addition, the injured worker was noted to be diagnosed with Hepatitis C and to be starting oral medications for treatment of this disease in the near future. As per MTUS, NSAID's are to be used with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and NSAIDS may compromise renal function. In addition, the MTUS notes that periodic lab monitoring including a CBC and chemistry profile are recommended. There was no discussion by the physician as to whether the injured worker had any hepatic impairment or the risk for hepatic or renal impairment given the injured worker's diagnosis/treatment of Hepatitis C nor were there any lab results including liver/kidney function tests submitted for review. Due to length of use in excess of the guideline recommendations, lack of functional improvement and potential for toxicity, the request for ibuprofen is not medically necessary.