

<b>Case Number:</b>	CM15-0112651		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on 10/24/13. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, left sciatica, and spondylosis. Treatment to date has included physical therapy and medication including Gabapentin and Ibuprofen. The injured worker had been taking ibuprofen since at least 2/4/15. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for Ibuprofen 800mg #90 with 3 refills and an adjustable height desk.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 3 refills Qty: 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800mg #90 with 3 refills Qty: 360 is not medically necessary.

**Adjustable height desk:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Ergonomics interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.gov homepage, Americans with Disabilities Act (ADA), 2010 ADA Standards.

**Decision rationale:** "The employers (or insurer's) willingness and ability to eliminate obstacles, and arrange an appropriate on-the-job recovery, based on the provider's work prescription, will determine the date when the employee actually gets back to work. Additionally, employers consistently monitor and evaluate the progress of return-to-work programs in order to identify opportunities for improvement." The employer is under no obligation to provide equipment that is not medically necessary simply to increase the employee's comfort. If, however, the employee has permanent impairment which qualifies as a disability under the Americans with Disabilities Act of 1990, the ADA requires employers to provide necessary reasonable accommodations for qualified individuals with disabilities." This typically requires the employee to provide documentation from the treating physician that: (1) describes the nature, severity, and duration of the employee's impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits the employee's ability to perform the activity or activities; and (2) substantiates why the accommodation is needed, in this case an ergonomic adjustable height desk. Documentation present in the medical record currently includes an ergonomic evaluation which recommends, but does not substantiate the provision of an adjustable desk. Adjustable height desk is not medically necessary.