

<b>Case Number:</b>	CM15-0125939		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 62-year-old male, who sustained an industrial injury on 1/3/2012. The mechanism of injury was not described. The current diagnoses are lumbar discopathy with bilateral neuroforaminal compression and compromise, status post lumbar discectomy, mild early arthrosis with chondromalacia of the left knee, severe osteoarthritis in the left knee, status post arthroscopic surgery, bilateral mild carpal tunnel residual, and hand/wrist tendinitis. According to the progress report dated 5/20/2015, the injured worker complains of stabbing low back pain with radiation into his left lower extremity, bilateral knee pain, and stabbing pain with pins and needles in his hands. The level of pain is not rated. The physical examination of the lumbar spine reveals painful heel-to-toe walk, painful and reduced range of motion, and decreased sensation to L5 and S1 dermatomes. Examination of the bilateral knees reveals tenderness over the medial joint lines, left greater than right, antalgic gait due to pain and tenderness, positive crepitus and pivot shift. The current medications are Gabapentin, Vicodin, and Prilosec. Urine drug screen from 5/20/2015 was inconsistent with prescribed medications. Treatment to date has included medication management, MRI studies, and surgical intervention. As of 4/22/2015, the injured worker continued to work with restrictions. He is now retired. A request for Ibuprofen has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg 90.00:** Upheld

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

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

**Decision rationale:** As per the CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAID) are recommended as a second-line treatment after Acetaminophen for back pain. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than Acetaminophen for acute low-back pain, and that Acetaminophen had fewer side effects. In general, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the guidelines recommend NSAIDs as a second line treatment following Acetaminophen for low back pain. The submitted medical records failed to provide documentation that the injured worker has failed Acetaminophen or suffered adverse effects with first-line medications. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Ibuprofen is not medically necessary.