

<b>Case Number:</b>	CM15-0128342		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/23/2000
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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:

This 69 year old female sustained an industrial injury on 6/23/2000. She subsequently reported neck pain. Diagnoses include multilevel degenerative disc disease and disc bulging of the cervical spine. Treatments to date include MRI testing and prescription pain medications. The injured worker stated that Naprosyn medication caused gastric upset and Ibuprofen was to be trialed. Upon examination, there is lordosis visible in the cervical spine. Active voluntary range of motion is guarded in forward flexion and extension with complaints of stiffness at the base of the neck. The motor and sensory examinations of the right upper extremities are normal. Deep tendon reflexes are 0 to 1 plus bilateral biceps, triceps and brachioradialis. A request for Ibuprofen 400mg #90 with 2 refills was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 400mg #90 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** MTUS Guidelines supports careful use of NSAID medications for inflammatory conditions. Long term daily use is discouraged that the recommendation for the trial of Ibuprofen is for as needed use. The Guidelines do not comment on the length of a prescription or if refills are appropriate. It is reasonable to assume that if the Ibuprofen is not effective or causes side effects it will not be refilled by the individual. Under these circumstances, the trial of Ibuprofen 400mg #90 with 2 refills is consistent with Guidelines and is medically necessary.