

<b>Case Number:</b>	CM15-0174871		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Indiana, New York  
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 56 year old female, who sustained an industrial-work injury on 5-17-11. She reported initial complaints of left hip and left low back pain. The injured worker was diagnosed as having lumbago, bilateral hip pain, and spondylolisthesis. Treatment to date has included medication, surgery (left-right carpal tunnel syndrome on 2-2012). Currently, the injured worker complains of pain in the left hip and left low back. There is better pain control with Norco three times a day. Other medication is Ibuprofen. She has the ability to get out of the bath tub independently and walk for 15 minutes instead of 5, and do light housework. Pain is described as improved with medication, it is intermittent, and aching and throbbing, worse with no sleep. Per the primary physician's progress report (PR-2) on 8-26-15, exam notes a left limp, left hip range of motion at 50% of expected full in all planes of movement, uses a single point cane with a slow gait. Current plan of care includes surgery (left partial knee replacement on 9-28-15), medications, and diagnostics. The Request for Authorization requested service to include Ibuprofen 800mg #90. The Utilization Review on 8-27-15 denied the request for Ibuprofen 800mg #90, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbago; hip pain bilateral; and congenital spondylolisthesis. Date of injury is May 17, 2011. Request for authorization is August 26, 2015. According to a March 10, 2015 progress note, current medications include ibuprofen 800 mg PO TID. There is no documentation of a lower dose. The guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period. The treating provider started an inordinate high-dose of ibuprofen. Additional medications include Vistaril, high blood pressure medications and Prozac. According to an August 26, 2015 progress note, subjective complaints include left pain and left low back pain 7/10. Norco was added to the drug regimen. Objectively, the injured worker walks with a left limp and has decreased range of motion. The documentation does not specify the anatomical region for the decreased range of motion. There has been no attempt at tapering ibuprofen 800 mg TID. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and an inordinate high dose of Motrin contrary to the recommended guidelines (lowest dose for the shortest period), Ibuprofen 800 mg #90 is not medically necessary.