

<b>Case Number:</b>	CM15-0177902		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female who sustained an industrial injury on February 11, 2014. A recent primary treating office visit dated August 18, 2015 reported current subjective complaint of lower backache. Her quality of sleep is noted as poor. Her activity level has decreased. She had initiated a course of physical therapy and noted discharged due to non-compliance. She did learn a home exercise program and also referred for pain psychiatric consultation pending scheduling. Current medications consisted of Ibuprofen, Norco, and Lexapro. The following diagnoses noted involved in decision making: lower radiculopathy; low back pain, cervical pain and shoulder pain. Ibuprofen 600mg noted prescribed this visit. At primary follow up dated July 21, 2015 subjective complaint stated: "pain level has decreased since last visit." Current medication regimen consisted of: Ibuprofen, Norco, and Lexapro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600 mg, sixty count:** Overturned

**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): Anti-inflammatory medications.

**Decision rationale:** MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to side effects with prior medication treatment and therefore modified this request to a lower dosage. As long as risks vs. benefits are acknowledged, establishing an optimum medication dosage is beyond the scope of physician review as long as the requested dosage is within FDA approved labeling information parameters. For these reasons this request is medically necessary.