

<b>Case Number:</b>	CM15-0090536		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female, who sustained an industrial injury on December 5, 2012 while working as a cashier. The injured worker bent down to pick up a fallen cash box and experienced low back pain. The injured worker also sustained a thumb laceration when the cash box fell. The diagnoses have included lumbar disc protrusion, lumbar disc bulge, lumbar spine musculoligamentous sprain, lumbar facet joint pain, sacroiliac joint pain and lumbar radiculitis. Treatment to date has included medications, radiological studies, epidural steroid injections, pain management, H-wave unit, physical therapy, acupuncture therapy and trigger point injections. Current documentation dated April 28, 2015 notes that the injured worker reported constant low back pain with radiation to the bilateral lower extremities. Associated symptoms included numbness and tingling. The pain was noted to be increased and rated a ten out of ten on the visual analogue scale. Objective findings noted that the injured worker was ten inches from touching his toes. No Physical examination was noted. The documentation notes that the injured worker was taking Ibuprofen for pain, which was noted to be helping. The treating physician's plan of care included a request for the medication Ibuprofen 800 mg # 9 with five refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 5 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in December 2012 and continues to be treated for radiating low back pain. Medications include ibuprofen at a dose of 2400 mg per day reported to be helpful in treating her pain. When seen, she was having increasing pain with numbness and tingling. There was decreased spinal range of motion. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.