

<b>Case Number:</b>	CM15-0098842		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Hawaii  
 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:

This 42 year old male sustained an industrial injury to the right hip and low back on 9/26/12. Previous treatment included magnetic resonance imaging, physical therapy and medications. No magnetic resonance imaging was available for review. Past medical history was significant for morbid obesity status post gastric lap band surgery, diabetes mellitus, hepatomegaly, gastroesophageal reflux disease and asthma. In a Qualified Medical Evaluation dated 2/23/15, the injured worker complained of low back pain and right hip pain with radiation into the right leg. The injured worker stated that he needed to use a walker and crutches to walker even short distances. Physical exam was remarkable for lumbar spine, bilateral knees and bilateral hips with restricted range of motion, absent deep tendon reflexes in the knees and ankles and positive bilateral straight leg raise. Current medications included Norco, antibiotics and an inhaler. Current diagnoses included residuals of lumbar spine sprain/strain, residuals of left hip contusion and right hip degenerative arthritis. The treatment plan included referral to a surgeon for a possible right hip total replacement, referral to a physician for pain management, a urinalysis and a motorized scooter to improve his ambulatory capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22, 67-73.

**Decision rationale:** The patient presents with pain affecting the low back and right hip with radiation into the right leg. The current request is for Ibuprofen 800mg #60. The requesting treating physician report was not found in the documents provided for review. The UR report dated 5/14/15 (8A) shows that the patient was prescribed Ibuprofen for the first time on 4/7/15. The only two medical reports provided for review were dated 7/17/14 (8B) and 2/23/15 (10B). Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. In this case, the patient presents with chronic low back pain and the physician is initiating NSAID therapy in the form of Ibuprofen in order to provide the patient short term relief of his symptoms. The current request satisfies the MTUS guidelines as outlined on page 22. The request is medically necessary.