

<b>Case Number:</b>	CM14-0141877		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injured worker's date of injury is 03/13/2012. According to the patient's treating physician, the injury occurred at work while breaking some moulding. The patient receives treatment for low back pain that radiates to the lower extremities. A lumbar spine MRI did not show any disc herniation or spinal stenosis. The patient had low back surgery, 2 level laminectomy, L4-L5. The patient did receive physical therapy. On October 29, 2013, the patient had epidural injections. The patient takes tramadol, baclofen, Nucynta, zolpidem and gabapentin. The patient performs home exercises. The medical diagnoses include Radiculitis and Spondylosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-70.

**Decision rationale:** Ibuprofen is an NSAID. NSAIDs are medically indicated for osteoarthritis when used at the lowest possible dose for the least amount of time. This patient has chronic low back pain. NSAIDS may be indicated as a second-line agent after acetaminophen fro low back

pain. When NSAIDS are used documentation is needed regarding gastrointestinal, cardiovascular, and renal risk factors. There was no such documentation. Ibuprofen is not medically indicated. Therefore the request is not medically necessary.