

<b>Case Number:</b>	CM14-0144476		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 40 year old male injured on 08/25/13 when slipped landing on the hook of the chains resulting in a sudden onset of right knee pain. The injured worker sustained a 2nd industrial injury on 08/25/13 when involved in a motor vehicle collision resulting in pain in the neck, arm, and lumbar spine. The injured worker was initially treated with physical therapy, activity modification, and medication management. The clinical note dated 08/12/14 indicated the injured worker presented complaining of neck and shoulder pain rated at 6/10 with the use of medication and 9/10 without. The injured worker underwent an epidural steroid injection 1-2 weeks prior to evaluation with a decrease in symptoms; however, the injured worker continued to complain of severe headaches. Objective findings included normal reflex/sensory/power testing in the bilateral upper and lower extremities, straight leg raise and bow string are negative bilaterally, normal gait, ability to heel and toe walk bilaterally, mild cervical and left shoulder tenderness with posterior spasm in the musculature, cervical range of motion decreased 30%, and mild left shoulder impingement. Diagnoses include cervical strain, C5-6 HNP, left shoulder strain, and left shoulder impingement. The initial request was non-certified on 09/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Ibuprofen 600MG #60 is not medically necessary.