

Case Number:	CM14-0000979		
Date Assigned:	01/10/2014	Date of Injury:	06/28/2000
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 51-year-old female who reported an injury of unknown mechanism on 06/28/2000. In the clinical note dated 12/09/2013, the injured worker complained of significant pain, especially in the right shoulder. It was noted the injured worker was participating in physical therapy. She stated that she has had to utilize ice and take pain medication to in order to control the pain. The injured worker was noted to have tried ibuprofen and naproxen as well as Norco for the pain, but still reported significant symptoms. The physical examination of the left shoulder greater tuberosity and proximal biceps were nontender. The AC joint was tender. On the physical examination of the right shoulder greater tuberosity and proximal biceps were significantly tender, the AC joint was significantly tender, and impingement test was markedly positive bilaterally. The diagnoses included bilateral shoulder impingement, symptomatic AC joint arthritis, and possible rotator cuff tear on the left with possible recurrent rotator cuff tear on the right, and labral tear of the right shoulder. It was noted that the injured worker wanted to proceed with a right shoulder arthroscopic subacromial decompression and debridement since the right shoulder was more symptomatic. The treatment plan included a request for authorization for prescriptions for postoperative 30 day supply of anti-inflammatory medication, a limited supply of narcotic medication, a limited supply of antibiotics, antiemetic medications to reduce incidence of nausea, stool softener to reduce incidence of constipation, and vitamin C to promote healing, all to be taken postoperatively. It was also noted that the injured worker would require physical therapy after the procedure. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE IBUPROFEN 800MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, IBUPROFEN,

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

Decision rationale: The request for post-operative ibuprofen 800mg, #90 is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Ibuprofen for mild to moderate pain, the dosing recommended is 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. Higher doses are usually necessary for rheumatoid arthritis 400-800mg by mouth 3-4 times a day, use the lowest effective dose. In the clinical notes provided for review, the documentation lacked evidence of approval of the right shoulder surgery. The guidelines also recommend that ibuprofen be taken at the lowest dose with the shortest period of time. As such, the request for ibuprofen 800 mg exceeds the recommended dose of 400 mg. The request also lacked the duration and the frequency of ibuprofen to be taken. Therefore, the request for postoperative ibuprofen 800 mg, #90 is not medically necessary.