

<b>Case Number:</b>	CM14-0159762		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 1/13/14 date of injury. At the time (7/14/14) of request for authorization for F/U with [REDACTED] and Ibuprofen 800mg, there is documentation of subjective (chronic neck pain and right shoulder pain) and objective (tenderness to palpation over the cervical paraspinal muscles with spasms; and decreased right shoulder range of motion) findings, current diagnoses (cervical spine strain/sprain and right shoulder internal derangement), and treatment to date (ongoing therapy with Ibuprofen and Physical Therapy). Medical report identifies a request for a follow-up visit in 4-6 weeks for review of medications. Regarding Ibuprofen 800mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**F/U with [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127 and on the Official Disability Guidelines (ODG) Pain Chapter, Office visits

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain/sprain and right shoulder internal derangement. In addition, given documentation of a request for a follow-up visit in 4-6 weeks for review of medications; and that the patient is currently under the care of the requesting physician, there is documentation that an office visit is based upon clinical stability and reasonable physician judgment. Therefore, based on guidelines and a review of the evidence, the request for F/U with [REDACTED] is medically necessary.

**Ibuprofen 800mg:** Upheld

**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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain/sprain and right shoulder internal derangement. In addition, there is documentation of chronic pain. However, given documentation of ongoing therapy with Ibuprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg is not medically necessary.