

Case Number:	CM14-0024279		
Date Assigned:	06/13/2014	Date of Injury:	06/01/2010
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 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:

The patient is a 50 year old male who was injured on 6/1/10. The mechanism of injury was not provided for review. Past medication history included Norco and Ketoprofen. He was treated conservatively with physical therapy and chiropractic therapy. The patient underwent a rotator cuff muscle repair on 7/17/12. A progress report dated 12/17/13 indicated that the patient had left shoulder pain which he rated as 3-4/10. He reported that his home exercise program is helping to relieve his pain slightly. He was noted to be taking Norco and ibuprofen 800 mg which he states significantly reduces his pain. On exam, he is positive for subacromial bursitis and impingement. Diagnoses are left shoulder subacromial bursitis and impingement and status post left rotator cuff repair surgery. The treatment and plan included conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG #60 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: According to the guidelines, NSAIDS are recommended as an option for the short-term symptomatic relief of chronic low back pain. According to the medical record, the patient states that ibuprofen significantly reduces his pain. Based on the patient's report, it is reasonable that he be provided an NSAID to provide symptomatic relief of mild to moderate pain flare-ups unresponsive to self-care measures of non-medication interventions. However, five refills exceed the short-term recommendation in the guidelines. As such, the request is not medically necessary.

FOLLOW-UP AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Chapter 7 - Independent Medical Examinations and Consultations, page 503; State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

Decision rationale: As per the ACOEM guidelines, consultation is necessary to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Guidelines indicate that consultation or referral to a pain specialist should be considered when the pain persists, but the underlying issue pathology is minimal or absent, and correlation between the original injury and the severity of impairment is not clear. Consultation should be considered if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful, or are not indicated. The patient does need follow-up for his pain medications. However, follow-up as needed with an unspecified amount may be excessive. As such, the request is not medically necessary.