

Case Number:	CM14-0039122		
Date Assigned:	06/27/2014	Date of Injury:	10/28/2009
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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 63-year-old female with a date of injury of 10/28/2009. The patient has developed chronic cervical and shoulder pain. She has been diagnosed with right rotator cuff syndrome/impingement. She also has been diagnosed with a cervical C8 radiculopathy/radiculitis. The patient has had a remote carpal tunnel release which had little impact on pain levels. The primary treating physician recommended Day Pro twice daily. It is reported that she never had it filled due to its expense. It is reported that she was taking Ibuprofen, but there are no details documented regarding the benefits of the Ibuprofen. There was a request for lifetime coverage of Day Pro or other non-steroidal anti-inflammatory drugs (NSAIDs). No other medications are utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

DAYPRO OR SIMILAR LIFETIME RX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-71.

Decision rationale: The utilization review (UR) decision has completely deny even a trial of various non-steroidal anti-inflammatory drugs (NSAIDs) are inconsistent with the MTUS guidelines. Moreover, the request for a life time supply is also inconsistent. The MTUS Chronic Pain Guidelines support at least a trial of NSAIDs to evaluate for possible benefits. It would be reasonable to authorize up to a 3-6 month trial of NSAIDs, allow the treating physician to document its effects and then it's continued use could be evaluated again in UR, if need be. Furthermore, the MTUS states that NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The request for a lifetime prescription has exceeds the MTUS guidelines recommendation. As such, the request for Day Pro or similar lifetime rx is not medically necessary and appropriate.