

Case Number:	CM14-0044107		
Date Assigned:	06/20/2014	Date of Injury:	09/05/2008
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 male who sustained an injury on 09/05/08 while breaking glass with a sledgehammer. The injured worker developed complaints of pain in the right elbow. Prior treatment included physical therapy injections of the lateral epicondyle and medication without substantial benefit. The injured worker underwent prior right elbow fasciotomy with partial ostectomy that provided some improvements in regards to right elbow pain. The injured worker was also followed for complaints of right shoulder pain that was treated with injections with minimal relief. The injured worker also had bilateral carpal tunnel releases in 2012 and 2013 with no relief of symptoms. The injured worker also reported no relief after shoulder surgery for the right shoulder. Medications included baclofen Norco ibuprofen Trazadone and prednisone. The injured worker was followed by a nurse practitioner for continuing chronic complaints of pain in the right elbow shoulder and scapula. Currently prescriptions medications included ibuprofen, gabapentin, prednisone, baclofen, and baclofen. Pain scores were average 4/10 on visual analogue scale (VAS). The pain relief reported worsening pain. On physical examinations the clinical record on 02/26/14 noted persistent pain in the right shoulder and scapula. Pill counts were appropriate at this visit. The injured worker reported no benefit from prior injections. Physical examination noted a morbidly obese male with pain and swelling over the lateral aspect of the left elbow with tenderness to palpation at the right shoulder. There was substantial loss of range of motion of the right shoulder. The injured worker ambulated with slightly antalgic gait. Medications were refilled at this visit. Ibuprofen 800mg #30 with three refills and Aciphex 20mg #30 with three refills was not granted by utilization review on 03/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for ibuprofen 800mg #30 with three refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen.

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

Decision rationale: In regards to the use of Ibuprofen 800mg quantity 30 with three refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription non-steroidal anti-inflammatory medications (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could reasonably transition to an over-the-counter medication for pain. Therefore, the request is not medically necessary.

One prescription for Aciphex 20mg #30 with three refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Management Guidelines: Proton Pump Inhibitors (PPI) see NSAIDS, GI symptoms & cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: There was no other documentation provided to support a diagnosis of gastro esophageal reflux disease. Due to the record not showing any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary. Therefore, the request is not medically necessary.