

Case Number:	CM14-0051833		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2010
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 52-year-old female who has submitted a claim for sprain / strain of supraspinatus, rotator cuff sprain / strain, and infraspinatus sprain / strain associated with an industrial injury date of 09/21/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain. A physical examination showed tenderness at the left acromion and left supraspinatus. Range of motion of the left shoulder was restricted. Hawkins-Kennedy impingement test was positive. Swelling was not evident. Motor strength of left shoulder abductor was graded 4/5. Treatment to date has included left shoulder arthroscopy, right carpal tunnel release, left carpal tunnel decompression, lumbar laminectomy and fusion, physical therapy, trigger point injection, and medications such as Ambien, Zanaflex, Prilosec, ibuprofen, and Norco. Utilization review from 03/31/2014 denied the request for ibuprofen 800 BID because there was no documented functional gain or decrease in the patient's complaints of pain with its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs, page 46 Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, a progress report from 12/10/2013 cited that ibuprofen was taken for headaches. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Moreover, recent progress reports failed to document subjective complaints of headache. The request also failed to specify a quantity to be dispensed. Therefore, the request for ibuprofen 800 mg is not medically necessary.