

Case Number:	CM14-0060976		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2012
Decision Date:	08/27/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/01/2014

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 Nevada. 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 female who was reportedly injured on June 1, 2012. The mechanism of injury was noted as repetitive motion. The most recent progress note dated April 2, 2014, indicated that there were ongoing complaints of left shoulder pain radiating to the back and neck. Current medication includes ibuprofen. The physical examination demonstrated tenderness of the cervical spine paraspinal muscles and upper trapezius muscles. There were decreased cervical spine range of motion and a positive Spurling's test, compression test, and distraction test. There was tenderness of the bilateral upper trapezius muscles, left rhomboid, bilateral rotator cuff, bicipital grooves, glenohumeral joints and the left acromioclavicular joint. There was slightly decreased bilateral shoulder range of motion. There was also a positive carpal tunnel Tinel's test and Phalen's test bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy and acupuncture. A request was made for prescription drug, generic and was not certified in the pre-authorization process on April 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: It is unclear what is meant by this request for a prescription drug, generic. The injured employee is currently stated to be prescribed ibuprofen, which is available in both generic and prescription strengths. The California Chronic Pain Medical Treatment Guidelines state that anti-inflammatory medications are the traditional first-line of treatment to reduce pain selectivity and functional restoration can resume, but they should be prescribed at the lowest dose for the shortest period of time. However, without further clarification, this request for prescription drug, generic is not medically necessary.