

Case Number:	CM14-0063438		
Date Assigned:	07/11/2014	Date of Injury:	03/19/2004
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 injured worker is a 42-year-old male who was reportedly injured on 03/19/2004, sustaining injuries to his shoulders due to lifting. The injured worker's treatment history included acupuncture sessions, physical therapy treatment, and medications. The injured worker was evaluated on 04/16/2014 and there was no list of subjective complaints in the follow-up office visits. It was noted the injured worker should continue to work, and the provider was trying to approve additional acupuncture sessions. The provider noted the injured worker needs ibuprofen, and has not been taking it, but will resume. Diagnoses included superior glenoid labrum lesion, cervicalgia, and joint pain, shoulder. The Request for Authorization dated 04/16/2014 was for ibuprofen 800 mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficiency of the Motrin for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Motrin is taken by the injured worker. In addition, the request for Motrin did not include the frequency duration or quantity. Given the above, the request for the Ibuprofen 800 mg, is not medically necessary.