

<b>Case Number:</b>	CM14-0087592		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/22/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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:

This is a 49-year-old female who had a date of injury December 22, 2005 with resultant chronic pain in her left shoulder, chronic cervical and lumbar spine pain. She has had an arthroscopic repair of the left shoulder. A December 26, 2013 MRI, showed a repair of the supraspinatus and the infraspinatus tendons; additionally she is status post partial resection of the acromium. This patient has been using ibuprofen (with Prilosec), with reported benefit to the shoulder pain. A January 31, 2014 progress notes states that her shoulder exam, showing tenderness, is unchanged from the prior visit. The patient is requesting refills for 800mg Ibuprofen. The physician submitted authorization requests for Kera-tek, a salicylate/menthol analgesic gel, physical therapy 2 times a week for 6 weeks for the shoulder and Ibuprofen 800mg, one as needed up to 3/day, #60. The previous peer Reviewer dis-allowed the ibuprofen, stating she is "already taking it at home and there is no indication that this is not sufficient or why a prescription would now be required". It would seem that the patient is not taking any medications such as an opiate for pain. She was instructed to modify her activities to lifting less than 15 pounds. It is unclear if she is working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

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

**Decision rationale:** The MTUS gives specific recommendations for the usage of NSAIDS. For osteoarthritis, including knee and hip: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. It's said to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and Cox 2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. Cox 2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest a cardiovascular risk occurs with all NSAIDs and is a class effect (with Naprosyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. For neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) and with neuropathic pain. This patient's shoulder pain, neck and lower back pain could represent varying types of pain-osteoarthritis, nociceptive and neuropathic sources. Based on the MTUS guidelines specifically the indication that NSAIDs benefit osteoarthritis and mixed pain conditions long term, refills of Ibuprofen 800mg #60 is deemed medically necessary.