

Case Number:	CM14-0209325		
Date Assigned:	12/23/2014	Date of Injury:	02/11/2014
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 57-year-old female presenting with a work-related injury on February 11, 2014. The patient has also capacity evaluation on April 18, 2014. X-ray report of the cervical spine on August 6, 2014 revealed degenerative changes at the level of C5 - C6. X-ray report of the left shoulder on August 6, 2014 revealed slight separation of the acromioclavicular joint ~6 mm and no fractures were demonstrated. On September 24, 2014 the patient complained of headaches, neck pain, left shoulder pain, left elbow pain and depression and anxiety. The physical exam was significant for cervical spine tenderness to palpation at the spinal processes of C4 - C5 and spasm bilateral paraspinal muscles and bilateral trapezius muscles; decreased range of motion; positive compression test; right shoulder tenderness to palpation anteriorly biceps muscle and deltoid muscle; decreased range of motion noted; positive Neer's tests; right elbow tenderness to palpation anteriorly and laterally; positive cold intense; right tender need to palpation swelling, anteriorly, laterally, immediately and patella; decreased range of motion, positive McMurray's test, decreased motor strength of the right knee at 4/5. Electrodiagnostic studies of the upper extremities on October 20, 2014 revealed dermatomal medicines readable potential of the C6 and C7 nerve roots were within normal limits. The patient was diagnosed with pain, cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, right shoulder strain/sprain, right elbow strain/sprain, right elbow lateral epicondylitis, right knee strain/sprain and rule out right knee internal derangement. The patient was treated with compounding cream, cyclobenzaprine, Motrin, right elbow sleeve, inferential unit, and hot and cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 400mg #60: Upheld

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

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

Decision rationale: Ibuprofen 400mg # 60 is not medically necessary. Ibuprofen is a non-steroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.