

Case Number:	CM14-0064129		
Date Assigned:	07/11/2014	Date of Injury:	06/21/2008
Decision Date:	02/27/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 32 year old patient with date of injury of 06/21/2008. Medical records indicate the patient is undergoing treatment for depression, anxiety, neck pain, chronic pain, myofascial pain, shoulder pain, rotator cuff disorder, and chronic pain syndrome, dysthymic disorder, numbness, and carpal tunnel syndrome, facet joint disease of cervical region and degeneration of cervical intervertebral disc. Subjective complaints include neck, back, wrist and elbow pain, right sided facial numbness, depression; pain described as burning in the head, neck, bilateral upper extremities, left mid back and low back, rated 7-8/10 without medications, 5-6/10 with medications. Objective findings include sensation slightly decreased over the C6-C7 dermatome on the right, muscle wasting over the ulnar side of right hand, non-tender scar on right wrist and elbow with slightly prominent scar tissue; positive Tinel's sign at left wrist and left elbow. Treatment has consisted of physical therapy, injections, heat, ice, Norco, Lyrica, Mirtazapine, Ibuprofen, Omeprazole, Wellbutrin XL, Xanax, Niaspan, Colace, Lidoderm, Lopressor, Abilify, Aspirin and Depakote. The utilization review determination was rendered on 04/25/2014 recommending non-certification of refill Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Ibuprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The patient reported on going GI symptoms with concurrent use of Omeprazole while taking Ibuprofen. The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for refill Ibuprofen is not medically necessary.