

Case Number:	CM15-0008350		
Date Assigned:	01/23/2015	Date of Injury:	04/25/1994
Decision Date:	05/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on April 25, 1994. He reported injury of the right arm following electrocution. The injured worker was diagnosed as having chronic pain, ulnar nerve injury, neck pain, wrist joint pain, hand joint pain, shoulder joint pain, reflex sympathetic dystrophy, and elbow joint pain. Treatment to date has included medications. On January 6, 2015, he was seen by the primary treating physician for medication management and follow up for the right arm injury. Currently he has continued right shoulder pain with radiation down to the fingers. He had been offered spinal cord stimulation which he declined due to the mechanism of injury. The treatment plan included: follow up in 2 months for medication management. The request is for Ibuprofen 800mg #60, Hydrocodone-Acetaminophen 10/325mg #120, and Duragesic 75mcg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800MG # 60 refill: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months along with high dose short and long-acting opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The recent clinical notes did not mention pain scores and advanced request for Ibuprofen for 2 months is not substantiated. Continued use of Ibuprofen is not medically necessary.