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| Case Number: | CM15-0107896 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 08/19/2012 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial/work injury on 8/19/12. She reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having cervical sprain/strain, degenerative disc disease, and impingement syndrome. Treatment to date has included medication and diagnostic testing. Currently, the injured worker complains of frequent right shoulder pain and cervical spine pain, muscle spasms, and inability to sleep on the right side. Per the primary physician's progress report (PR-2) on 5/18/15, the examination revealed tenderness over the cervical-lumbar paravertebral areas and trapezius. Current plan of care included pain medication and refer to shoulder surgeon as needed. The requested treatments include Ibuprofen 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines NSAIDs, Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Ibuprofen 600mg #60 is not medically necessary and appropriate.