

Case Number:	CM15-0135674		
Date Assigned:	07/23/2015	Date of Injury:	03/30/2013
Decision Date:	08/25/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 30, 2013. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve a request for ibuprofen. The claims administrator referenced an RFA form received on June 10, 2015 in its determination, along with a progress note dated May 6, 2015. The applicant's attorney subsequently appealed. A January 13, 2015 progress note was notable for commentary to the effect that the applicant was off of work as his employer was unable to accommodate previously suggested limitations. In a January 20, 2015 progress note, the applicant was asked to continue Tylenol and naproxen. A TENS unit trial was sought. Twelve sessions of physical therapy were endorsed. The applicant was also asked to employ topical compounded Terocin patches. The applicant was on disability, it was acknowledged at this point in time, it was acknowledged, owing to ongoing complaints of neck and back pain. The applicant had had acupuncture over the course of the claim, without significant benefit, the treating provider acknowledged. On April 8, 2015, the applicant reported 7-8/10 neck and shoulder pain. The applicant was given a shoulder corticosteroid injection. The applicant was again asked to remain on disability. No discussion of medication efficacy transpired on this date. In a May 6, 2015 progress note, the applicant was again placed off of work on disability. A shoulder corticosteroid injection was performed. The applicant was apparently using Terocin patches. 6-8/10 pain complaints were noted with associated difficulty sitting, standing, and walking. No seeming discussion of medication efficacy transpired at this point in time.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: No, the request for ibuprofen (Motrin), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, multiple progress notes, referenced above, failed to incorporate any discussion of medication efficacy. The May 6, 2015 progress note suggested that the applicant's pain complaints were heightened, in the 6-8/10 range, presumably despite ongoing Motrin usage. The applicant was described as having difficulty performing activities of daily living as basic as lifting, pushing, and pulling. The applicant was on disability, it was noted on this date. The applicant was off of work, on total temporary disability, on this date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Motrin usage. The attending provider did not, furthermore, clearly state or clearly outline the applicant's medication list on multiple office visits, referenced above, including on the May 6, 2015 office visit in question. It was not clearly stated or clearly established why the applicant was using Motrin alone or in conjunction with a second NSAID, naproxen. A clear rationale for what appeared to be provision of two separate NSAIDs in close temporal proximity to each other was not furnished. Therefore, the request was not medically necessary.