

Case Number:	CM15-0142374		
Date Assigned:	08/03/2015	Date of Injury:	03/01/2010
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/22/2015

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: Emergency 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 injured worker is a 53 year old male with an industrial injury dated 03-01-2010. The injury is documented as occurring when he tried to catch five gallon of paint that fell from top shelf. He tried to catch the bucket with right upper extremity. He experienced shoulder and hand pain. His diagnoses included acute pain, contracture of palmar fascia and chronic pain. Comorbid diagnoses included diabetes mellitus, congestive heart failure and myocardial infarction. He presents on 04-18-2015 with acute pain in right shoulder. He rated his shoulder pain as 3-4 out of 10. The pain radiated into bilateral hands. According to the progress note dated 03-20-2015 there was tenderness noted in the cervical spine, thoracic spine and bilateral hands. His medications included Insulin, Norco, Gabapentin, Lisinopril, Atorvastatin and Aspirin. The treatment request is for Ibuprofen 400 mg, unknown amount to be dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 400mg, unknown amount to be dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications.

Decision rationale: The requested Ibuprofen 400mg, unknown amount to be dispensed, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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. The injured worker has pain radiated into bilateral hands. According to the progress note dated 03-20-2015 there was tenderness noted in the cervical spine, thoracic spine and bilateral hands. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 400mg, unknown amount to be dispensed is not medically necessary.