

<b>Case Number:</b>	CM15-0144360		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 (IW) is a 76-year-old male who sustained an industrial injury on 07-15-2013. Diagnoses include tear of the rotator cuff, right shoulder; arthrosis of the acromioclavicular joint of the right shoulder; and impingement syndrome of the shoulder, right. Treatment to date has included medications, cortisone injections, right shoulder surgery, physical therapy, activity modification and home exercise. According to the progress notes dated 6-15-2015, the IW reported worsening pain and discomfort in the right shoulder and right upper arm. He did not receive Tramadol and Tylenol #3 requested from insurance. On examination, there was limited abduction and flexion to 20 and 30 degrees beyond horizontal, limited extension and mildly positive impingement sign in the right shoulder and right biceps. Electrodiagnostic testing on 5-14-2015 found evidence to support bilateral moderate carpal tunnel syndrome and right cervical radiculopathy in the C6-C7 nerve root distribution. A request was made, Ibuprofen 800mg #100 with 1 refill to treat the IW's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #100 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #100 with one refill is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in a knock at all terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are tear rotator cuff right shoulder; arthrosis AC joint right shoulder; impingement syndrome right shoulder. The date of injury is July 15, 2015. Request authorization is June 15, 2015. The earliest progress note with a non-steroidal anti-inflammatory drug is dated September 3, 2014. The prescription was for Naprosyn 500 bid. According to a November 19, 2014 progress note, Naprosyn was changed to ibuprofen 800 mg bid. There was no clinical rationale for the change from Naprosyn to ibuprofen. According to a June 15, 2015 progress note subjectively, the injured worker has right shoulder and upper arm pain. Objectively, there is decreased range of motion with positive impingement sign. There are no VAS pain scores in the medical record. There is no documentation demonstrating objective(s) improvement. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There has been no attempt to wean the ibuprofen 800 mg. The documentation does not demonstrate objective functional improvement. There are no pain scales and no indication of subjective improvement. Consequently, absence of clinical documentation demonstrating objective functional improvement, subjective improvement and attempted weaning, ibuprofen 800 mg #100 with one refill is not medically necessary. Therefore, the request is not medically necessary.