

Case Number:	CM15-0181957		
Date Assigned:	09/23/2015	Date of Injury:	10/22/2012
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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 57 year old female, who sustained an industrial injury on 10-22-2012. The medical records indicate that the injured worker is undergoing treatment for cervical strain, rotator cuff syndrome of the bilateral shoulders, De Quervain's of the right wrist-hand, and carpal tunnel syndrome of the right wrist. According to the progress report dated 8-26-2015, the injured worker presented with complaints of flare-up of pain in her right shoulder. She notes the pain is worst with lifting, carrying, and movement of the shoulder. She reports weakness and decreased range of motion. On a subjective pain scale, she rates her pain 5-6 out of 10. In addition, she reports gastritis with non-steroidal anti-inflammatory usage. She gets reflux and slight irritation of the stomach. The physical examination of the right shoulder reveals decreased range of motion. There is slight weakness with abduction noted. The current medications are Ibuprofen and Famotidine. The records do not indicate when Ibuprofen and Famotidine was originally prescribed. Treatments to date include medication management. Work status is described as not working. The original utilization review (9-4-2015) had non-certified a request for Ibuprofen and Famotidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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 NSAIDs for an unknown length of time. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain score reduction with Ibuprofen use was not noted. Continued use of Ibuprofen is not medically necessary.

Famotidine 20mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Famotidine is an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation that alternate medications such as Tylenol cannot be used to reduce GI reflux. The above Ibuprofen was not medically necessary. Therefore, the continued and chronic use of Famotidine with 3 refills is not medically necessary.