

Case Number:	CM15-0194344		
Date Assigned:	10/08/2015	Date of Injury:	06/30/2013
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 55 year old female who sustained an industrial injury June 30, 2013. According to a treating physician's progress notes dated September 18, 2015, the injured worker presented with chronic mid back pain due to degenerative spondylosis of the thoracic spine and chronic pain in the right shoulder and right arm. She is pending an orthopedic evaluation for the right shoulder with treatment recommendations. The physician documented she has partial pain relief with her current analgesic medication and they help her maximize physical function and improve her quality of life; drive for 50 minutes, sit for 60 minutes, walk for 40 minutes, lift 15 pounds, wash dishes, cooking, laundry and ride a bike with mild difficulty, and works at Taco Bell for 36 hours a week. The physician documented; "a shoulder specialist reported on February 25, 2015, the injured worker has a right rotator cuff tear". Current medication included ibuprofen and Voltaren Gel. Objective findings included tenderness over the anterior aspect of the right shoulder in the area of the biceps tendon, forward flexion 160 degrees with pain, abduction 150 degrees with pain, positive impingement, abduction and O'Brien's sign, weakness in forward flexion and abduction; cervical-70% normal range of motion with bilateral tenderness especially on the right and over the medial aspect of the right scapula. Diagnoses are biceps tenosynovitis; shoulder pain; rotator cuff syndrome; cervicobrachial syndrome. Treatment plan included a urine drug screen obtained with preliminary results are within normal limits and sent out to laboratory and at issue, a request for authorization for ibuprofen 600mg #100. According to utilization review dated September 30, 2015, the request for Voltaren gel 1% 300gm is certified. The request for ibuprofen 600mg #100 was modified to ibuprofen 600mg #60 for a 30 day supply

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 Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of tenosynovitis, rotator cuff syndrome at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The patient reported on going GI symptoms with concurrent use of Omeprazole while taking Ibuprofen. The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. Of note the initial request was for ibuprofen 600mg #100 which was modified to #60 as the patient uses sparingly. This is appropriate. As such the original request for Ibuprofen 600mg, #100 is not medically necessary.