

Case Number:	CM15-0206513		
Date Assigned:	10/23/2015	Date of Injury:	10/24/2014
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, West Virginia, Pennsylvania
 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 57 year old male, who sustained an industrial injury on 10-24-14. Medical records indicate that the injured worker is undergoing treatment for pain in the limb, mechanical problem with limbs, pain in the joint of the shoulder, adhesive capsulitis of the shoulder, left shoulder impingement syndrome and unspecified disorders of the shoulder bursae and tendon in the shoulder region. The injured worker is temporarily totally disabled for two weeks. On (9-22-15) the injured worker complained of left shoulder pain. The injured worker noted that his shoulder pain had increased since returning to work and he is unable to tolerate his home exercise program. Examination of the left shoulder revealed a limited and painful range of motion. Tenderness to palpation was noted in the biceps groove, subdeltoid bursa, trapezius and supraspinatus tendon and muscle. Special orthopedic testing was positive. A pain level was not provided. Treatment and evaluation to date has included medications, ice treatments, injection, transcutaneous electrical nerve stimulation unit, left shoulder surgery and a home exercise program. Current medications include Metformin. The injured worker requested Ibuprofen for the increased shoulder pain. The current treatment request is for Ibuprofen 800mg #90 with one refill. The Utilization Review documentation dated 9-28-15 non-certified the request for Ibuprofen 800mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 1 tab by mouth 3 times a day as needed #90 with 1 refill: 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): Nonprescription medications.

Decision rationale: As per the CA MTUS Chronic Pain Medical Treatment Guidelines, nonsteroidal anti-inflammatory drugs (NSAID) are recommended as a second-line treatment after Acetaminophen. In general, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation provided indicates the patient has been utilizing Motrin long term. The medical records do not reveal significant subjective pain improvement or objective measures of functional improvement as a result of long term use of Motrin. Thus, the request for Motrin 800 mg #90 with 1 refill is not medically necessary and appropriate.