

Case Number:	CM15-0216213		
Date Assigned:	11/05/2015	Date of Injury:	09/12/2013
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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 38 year old male with an industrial injury dated 09-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right biceps tendonitis with shoulder impingement syndrome and cervical strain with numbness and tingling in the right hand due to probable nonspecific thoracic outlet syndrome. According to the progress note dated 10-13-2015, the injured worker reported increased tight pain in the right neck and posterior shoulder regions with increased headaches. The injured worker also reported increased numbness in the right medial arm and fourth and fifth digits. The injured worker continues to have pain in the right shoulder with reaching above shoulder level, coldness and fatigue sensation radiating down his right arm. The injured worker has been taking Ibuprofen 600mg a couple times a week which increased two days prior to visit, to twice a day due to increase in pain. Pain level was not documented in report (10-13-2015). Objective findings (10-13-2015) revealed pain with end cervical range of motion and tenderness over the right upper trapezius, scalenes and supraclavicular fossa and rhomboids with tight palpable muscle bands. Mild tenderness over the right subacromial space, decrease sensation over the right medial forearm and digits and positive Roos test on the right were also noted on exam. Treatment has included diagnostic studies, prescribed medications including Lorozone and Ibuprofen since at least April of 2015, 6 chiropractic treatments, and periodic follow up visits. The injured worker is permanent and stationary with work restrictions the same as previous. The utilization review dated 10-26-2015, non-certified the request for Lorzone 750mg #120 and modified the request for Ibuprofen 600mg #90 (original: #180).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #180: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Ibuprofen 600mg #180 is not medically necessary. California's Division of Workers 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 in the right shoulder with reaching above shoulder level, coldness and fatigue sensation radiating down his right arm. The injured worker has been taking Ibuprofen 600mg a couple times a week which increased two days prior to visit, to twice a day due to increase in pain. Pain level was not documented in report (10-13-2015). Objective findings (10-13-2015) revealed pain with end cervical range of motion and tenderness over the right upper trapezius, scalenes and supraclavicular fossa and rhomboids with tight palpable muscle bands. Mild tenderness over the right subacromial space, decrease sensation over the right medial forearm and digits and positive Roos test on the right were also noted on exam. 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 600mg #180 is not medically necessary.

Lorzone 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Lorzone 750mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the right shoulder with reaching above shoulder level, coldness and fatigue sensation radiating down his right arm. The injured worker has been taking Ibuprofen 600mg a couple times a week which increased two days prior to visit, to twice a day due to increase in pain. Pain level was not documented in report (10-13-2015). Objective findings (10-13-2015) revealed pain with end cervical range of

motion and tenderness over the right upper trapezius, scalenes and supraclavicular fossa and rhomboids with tight palpable muscle bands. Mild tenderness over the right subacromial space, decrease sensation over the right medial forearm and digits and positive Roos test on the right were also noted on exam. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Lorzone 750mg #120 is not medically necessary.