

Case Number:	CM15-0053309		
Date Assigned:	03/26/2015	Date of Injury:	12/17/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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 39-year-old male, with a reported date of injury of 12/17/2011. The diagnoses include right shoulder rotator cuff tear, right shoulder impingement syndrome, and internal derangement of the right ankle. Treatments to date have included an MRI of the right shoulder, an MRI of the right ankle, an ultrasound of the bilateral shoulders, an interferential (IF) unit, and oral medications. The progress report dated 02/05/2015 indicates that the injured worker complained of right shoulder pain and right ankle pain. The right shoulder pain was rated 6-8 out of 10, and the ankle pain was rated 5 out of 10. The objective findings include an antalgic gait; tenderness of the right shoulder at the acromioclavicular joint, bicep tendon groove, and superior deltoid; and positive right shoulder Hawkins, and Neer's test. The treating physician requested Ibuprofen 600mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen 600mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested 1 prescription of Ibuprofen 600mg #60 with 1 refill, is not medically necessary. California's Division of Worker's 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 right shoulder pain and right ankle pain. The right shoulder pain was rated 6-8 out of 10, and the ankle pain was rated 5 out of 10. The objective findings include an antalgic gait; tenderness of the right shoulder at the acromioclavicular joint, bicep tendon groove, and superior deltoid; and positive right shoulder Hawkins, and Neer's test. 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, 1 prescription of Ibuprofen 600mg #60 with 1 refill is not medically necessary.