

Case Number:	CM15-0056744		
Date Assigned:	04/01/2015	Date of Injury:	05/17/2012
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 5/17/2012. She reported a fall forward landing onto her outstretched hands. Diagnoses include pain in joint involving shoulder region, contusion of the right knee and myofascial pain syndrome. Treatments to date include medication therapy and home stretching. Currently, she complained of right arm pain including right shoulder and wrist. On 3/10/15, the physical examination documented no acute findings. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, QTY: 80 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 05/17/12 and presents with shoulder pain and right arm pain. The request is for IBUPROFEN 800 MG QTY: 80 WITH 1 REFILL. The utilization review denial letter did not provide a rationale. The RFA is dated 03/11/15 and the patient is currently working. The patient has been taking this medication as early as 09/11/14. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The 03/10/14 report states that Ibuprofen gives 70-80% relief and lasts 4-5 hours. Her activities of daily living are maintained, she continues to work full time, does PEP regularly on a stationary bike, and lifts some light weights. There are no adverse effects and aberrant behaviors documented. In this case, the patient benefits from Ibuprofen and the request appears reasonable. Therefore, the requested Ibuprofen IS medically necessary.

Flector patch QTY: 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 05/17/12 and presents with shoulder pain and right arm pain. The request is for FLECTOR PATCH QTY: 60 WITH 1 REFILL. The RFA is dated 03/11/15 and the patient's work status is not provided. The patient has been using these patches since 09/11/14. Regarding topical NSAIDs, MTUS on topical analgesics pages 111-113, states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The 03/10/14 report states that Flector patches gives 30-40% relief and her activities of daily living are maintained. She continues to work full time and does PEP regularly on a stationary bike and also some light weights. There are no adverse effects and aberrant behaviors documented. MTUS guidelines state that Flector Patches are recommended for short term use, 4-12 weeks. The patient was given Flector Patches on 09/11/14 and has already exceeded the 4-12 weeks recommended by MTUS guidelines. It is unknown where the patient will apply these patches to. She has shoulder pain, for which a topical NSAID is not indicated for. MTUS guidelines state there "is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Due to lack of support from MTUS guidelines, the requested Flector Patch IS NOT medically necessary.

