

Case Number:	CM15-0059731		
Date Assigned:	04/06/2015	Date of Injury:	09/27/2003
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female who sustained an industrial injury on 9/27/03. The injured worker reported symptoms in the neck and right shoulder. The injured worker was diagnosed as having chronic neck pain, cervical strain, and chronic right shoulder arthralgia status post arthroscopic repair. Treatments have included anti-inflammatory medications, physical therapy, muscle relaxants, status post right arthroscopic shoulder surgery x 2, home exercise program, home traction, massage, injections, acupuncture treatment, oral pain medication. Currently, the injured worker complains of pain in the neck and right shoulder. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function, recommend Page(s): 69.

Decision rationale: The injured worker sustained a work related injury on 9/27/03. The medical records provided indicate the diagnosis of chronic neck pain, cervical strain, and chronic right shoulder arthralgia status post arthroscopic repair. Treatments have included anti-inflammatory medications, physical therapy, muscle relaxants, status post right arthroscopic shoulder surgery x 2, home exercise program, home traction, massage, injections, acupuncture treatment, oral pain medication. The medical records provided for review do not indicate a medical necessity for Ibuprofen 600 mg, ninety count. The MTUS states that all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. The records indicate the injured worker has a history of renal pathology, and had a history of kidney surgery.

Lidoderm patches, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

Decision rationale: The injured worker sustained a work related injury on 9/27/03. The medical records provided indicate the diagnosis of chronic neck pain, cervical strain, and chronic right shoulder arthralgia status post arthroscopic repair. Treatments have included anti-inflammatory medications, physical therapy, muscle relaxants, status post right arthroscopic shoulder surgery x 2, home exercise program, home traction, massage, injections, acupuncture treatment, oral pain medication. The medical records provided for review do not indicate a medical necessity for Lidoderm patches, sixty count. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants (anti-epilepsy drugs) have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The records reviewed do not indicate failed treatment with either antidepressants or anti-epilepsy drugs.