

Case Number:	CM15-0082843		
Date Assigned:	05/05/2015	Date of Injury:	01/02/2014
Decision Date:	06/08/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/30/2015

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: Indiana

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 58 year old female, who sustained an industrial injury on January 2, 2013. She reported terrible pain in the left shoulder after reaching with the left arm to get a towel while working as a house keeper. The pain radiated to the left wrist and neck. The injured worker was diagnosed as having musculoligamentous sprain of the cervical spine with left upper extremity radiculitis, tendinitis of the left shoulder with possible internal derangement, carpal tunnel syndrome of the left wrist, status post left carpal tunnel release, trigger finger of the left hand third finger, de Quervain's tendinitis of the left wrist, carpometacarpal joint inflammation of the left thumb, interdigital neuroma and plantar fasciitis of the left foot. Treatment to date has included Radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of left neck, shoulder and wrist pain radiating to the low back and bilateral lower extremities, worse on the left, with associated tingling, numbness and weakness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Carpal tunnel release of the left wrist was completed on October 16, 2014, followed with physical therapy. She reported little benefit with both. Evaluation on November 6, 2014, revealed continued pain. Electrodiagnostic studies of the bilateral lower extremities and an injection to the left wrist was recommended. Evaluation on February 17, 2015, revealed continued pain as noted. It was noted electrodiagnostic studies of the lower extremities were normal. Ibuprofen was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 1 tablet, three (3) times per day, #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The requested strength is higher than recommended. The treating physician did not document a decrease in pain or functional improvement from the prior use of Ibuprofen. The quantity and refills are in excess of recommendations. As such the request for Ibuprofen is not medically necessary.