

Case Number:	CM15-0089787		
Date Assigned:	05/14/2015	Date of Injury:	04/12/2013
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on April 12, 2013. He reported right shoulder and hip pain and low back pain. The injured worker was diagnosed as having status post right shoulder rotator cuff repair, multilevel spine disc herniation at lumbar 1- sacral 1 with foraminal narrowing, resolved right shoulder strain and right shoulder rotator cuff tear. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, physical therapy, chiropractic care, nerve blocks, epidural steroid injections of the lumbar spine, medications and work restrictions. Currently, the injured worker complains of continued right shoulder, hip and low back pain with associated radicular symptoms of the bilateral lower extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 23, 2013, revealed continued pain as noted. It was noted the surgical incision on the right shoulder looked good with no signs of infection. Electrodiagnostic studies on October 23, 2013, revealed abnormal findings suggestive of bilateral lower extremity radiculitis. It was noted he had multiple previous work related injuries involving the low back and shoulders. He underwent lumbar epidural injections on August 25, 2014. Evaluation on March 2, 2015, revealed continued right shoulder tightness and low back pain. It was noted he was working full duty. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #90 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDs section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800mg #90 with 1 refill is not medically necessary.