

Case Number:	CM14-0146022		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2009
Decision Date:	10/28/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old female who reported an injury of unspecified mechanism on 07/09/2009. On 07/08/2014, her diagnoses included status post ulnar nerve transposition, bilateral tennis elbow with lateral epicondylitis, cervical spine herniated nucleus pulposus at C4-5 and C5-6 with stenosis, active right C6 radiculopathy per EMG, right shoulder impingement syndrome, left shoulder compensatory impingement syndrome, anxiety and depression secondary to injury/pain, gastrointestinal and gastroesophageal reflux disease secondary to prolonged medication usage, sleep disorder secondary to injury/pain and right hand/wrist tendonitis. Her complaints included intermittent headaches and frequent neck pain rated at 6/10 with radiation to the bilateral upper extremities with associated stiffness, intermittent bilateral shoulder pain, aching bilateral elbow pain rated at 7/10 with associated numbness/tingling and constant bilateral wrist/hand pain rated at 6/10, with associated numbness, tingling and weakness. Her medications included ibuprofen 800 mg, and topical creams. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/08/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin (Ibuprofen) 800mg one p.o. tid with meals #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009; regarding.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Motrin (Ibuprofen) 800mg one p.o. tid with meals #90 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis and off label for ankylosing spondylitis. There is no indication that this injured worker has any of the above diagnoses. The recommended dosage for mild to moderate pain is 400 mg every 4 to 6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. The requested 800 mg dosage exceeds the recommendations in the guidelines. Therefore this request for Motrin (Ibuprofen) 800mg one p.o. tid with meals #90 is not medically necessary.