

Case Number:	CM14-0146347		
Date Assigned:	09/12/2014	Date of Injury:	04/27/1998
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Washington. 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 59 year old female who reported an injury on 04/27/1998. The mechanism of injury was by shoveling hard ground. Her diagnoses included arthroplasty of the shoulder region, carpal tunnel syndrome, and reflex sympathetic dystrophy of the upper limb. Her previous treatment included injections, physical therapy, and a home exercise program. Previous diagnostics were not provided. She had a left knee surgery in 2011, right carpal tunnel release in December 2001, and right shoulder arthroscopic subacromial decompression with anterior acromioplasty. On 07/23/2014 the injured worker reported that the injection to her right basilar thumb continued to offer benefit to her. Her medications included Fluoxetine 40mg daily, Gabapentin 300mg, Ibuprofen 600mg, Omeprazole 20mg, and Tylenol with Codeine #3. The treatment plan was for Ibuprofen 600mg #90 as an outpatient. The rationale for request was not specified. The request for authorization form was submitted on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Review, Ibuprofen 600mg #90, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's, The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010 Physician's Desk Reference, 68th ed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the clinical information submitted for review, the request for Ibuprofen 600mg #90 as an outpatient is not medically necessary. As stated in California MTUS Guidelines, anti-inflammatories are the usual first line of treatment. They are used to reduce pain so activity and functional restoration can resume; however, long time use may not be acceptable. The injured worker was status post right shoulder arthroscopic subacromial decompression with anterior acromioplasty. She reported that the injection to her right basilar thumb continued to offer benefit. Her medications included Tylenol with Codeine #3, Gabapentin and Ibuprofen 600mg. The guidelines indicate that long time use of an anti-inflammatory is not recommended, but it is unknown how long she has been on the medication due to a lack of recent clinical information. It is undocumented as to why the injured worker is not taking the lowest available dose with the Tylenol with Codeine #3 and is taking Ibuprofen 600mg. Furthermore, the request failed to specify the frequency of the medication. As such, the request for Ibuprofen 600mg #90 as an outpatient is not medically necessary.