

Case Number:	CM14-0161787		
Date Assigned:	10/07/2014	Date of Injury:	01/24/2011
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 & 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 58-year-old female who reported an injury on 01/24/2011. The mechanism of injury was not provided. On 08/28/2014, the injured worker presented with left shoulder pain. Upon examination, the injured worker had a forward flexed posture with left AC joint downsloping and mild torticollis favoring the left side. Left shoulder range of motion was 145 degrees of forward flexion, 135 degrees of abduction, 98 degrees of external rotation, guarded and internal rotation of the L4-5, no use of accessory muscles. There was a negative impingement sign. There were trigger points noted over the subscapularis, rhomboids, upper and lower trapezius, occipital and scalene, left greater than right. The diagnosis was impingement. Current medications included Norco, Flexeril and ibuprofen. The provider recommended ibuprofen 90 tablets 800 mg, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety (90) tablets of ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70,72.

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

Decision rationale: The request for Ninety (90) tablets of ibuprofen 800mg is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with the risks for cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. The provider's request does indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.