

Case Number:	CM14-0180210		
Date Assigned:	11/04/2014	Date of Injury:	04/01/1999
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 55-year-old female with a date of injury of April 1, 1999. The patient has intermittent right shoulder pain. On physical examination, the patient has a full range of motion of the right shoulder with minimal discomfort. The patient had right shoulder arthroscopy on March 6, 2014. At issue is whether additional medications are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This medicine, as a muscle relaxant, is recommended for short-term use of chronic muscle spasms. Long-term use of this medication not recommended for patients with chronic pain. This medication is not medically necessary. The medical records do not document objective findings related to muscle spasms a myofascial pain. Criteria for use of this medicine are not met.

Ibuprofen 800mg, #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Ibuprofen is recommended for the management of chronic pain. Guidelines indicate that the lowest effective dose it should be used was shortest amount of time that is consistent with the patient's treatment goals. When used for the management of moderate pain, doses above 400 mg do not provide any additional pain relief. According to the medical records, this patient has been using ibuprofen 800 mg of the matter chronic shoulder pain. Evidence base guidelines do not support the use as a dosage greater than 400 mg for the management of chronic pain. The medical records indicate that this patient's chronic pain is described as a level of 4, which corresponds to moderate pain. Therefore, MTUS guidelines for ibuprofen 800 mg are not met.