

Case Number:	CM14-0185403		
Date Assigned:	11/13/2014	Date of Injury:	01/21/2007
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date on 01/21/2007. Based on the 10/23/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical disc displacement without myelopathy2. Pain in join shoulder- S/P bilateral shoulder arthroscopy3. Carpal Tunnel Syndrome4. Pain psychogenic NEC5. Syndrome cerviobrachialAccording to this report, the patient complains of "neck, shoulder, and carpal tunnel syndrome. She continues to have neck pain with radiation into the upper extremities." There were no positive findings on exam. There were no other significant findings noted on this report. The utilization review denied the request on 10/13/2014. The treating physician is the requesting provider and he provided treatment reports from 05/22/2014 to 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin-Ibuprofen 800mg/tab #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22.

Decision rationale: According to the 10/23/2014 report by the treating physician, this patient presents with neck, shoulder and carpal tunnel syndrome. The treater is requesting Motrin-Ibuprofen 800 mg #30. The California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 22 states the following regarding non-steroidal anti-inflammatory drugs (NSAID's): "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient has been prescribed Ibuprofen since 09/25/2014. The treater indicates that the patient has "40% pain relief with the use of Ibuprofen." The request Ibuprofen appears reasonable and consistent with MTUS guidelines. Treatment is medically necessary and appropriate.