

Case Number:	CM14-0094397		
Date Assigned:	09/22/2014	Date of Injury:	01/03/2010
Decision Date:	10/23/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 52-year old female who had been suffering from pain due to a previous injury involving her neck, both shoulders, wrists and hands, until 01/03/2010 when she sustained another injury at work when she slipped and fell. She injured her left hip, left shoulder and low back as a result of the fall. She has continued to experience pain in her neck, and shoulders, as well as burning and tingling pain in her hands; intermittent low back pain together with pain in her right foot. In addition, she complained of limitation of range of movement in her lower back. The physical examination revealed antalgic gait, limited cervical range of movement; tenderness in the ulnar aspects of the bilateral elbows but negative Tinel's sign; limited range of motion of the lumbar spine, together with tenderness in the L5-S1, right mid foot and the heel area of the sole of the foot. The injured worker has been diagnosed of Cervical sprain strain with mild degenerative disease at C4-C5 and C5-C6 with mild right neural foraminal stenosis at both levels per MRI 10 05- 2011 ; Bilateral rotator cuff strain, left greater than right, and bilateral acromioclavicular joint arthropathy, mild right greater than left, per MRI of 5-28-10; Bilateral elbow sprain/strain; Lumbar sprain strain with right L5 radiculopathy, per EMG/NCV studies of 6-2-10 and 10-12-11; Lumbar spine persistence of the severe right peroneal motor neuropathy; possible early underlying peripheral neuropathy ; mild and abnormal findings with bilateral L5-S1 Nerve root impingement that is chronic and mild on the left and moderate on the right, per EMG/ NCV 9/25/13; Lumbar spine 2mm disc bulge at L2-3, 3MM Disc bulge at L3-4, 3MM disc bulge at L4-5, per MRI dated 11/13/13; Bilateral Hip strain/sprain. Treatments have included acupuncture, Physical therapy, Relafen, Vicodin, and Ibuprofen. At dispute is the request for Ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The injured worker sustained a work related injury on 01/03/2010. The medical records provided indicate the diagnosis of been diagnosed of Cervical sprain strain with mild degenerative disease at C4-C5 and C5-C6 with mild right neural foraminal stenosis at both levels per MRI 10 05- 2011 ; Bilateral rotator cuff strain, left greater than right, and bilateral acromioclavicular joint arthropathy, mild right greater than left, per MRI of 5-28-10; Bilateral elbow sprain/strain; Lumbar sprain strain with right L5 radiculopathy, per EMG/NCV studies of 6-2-10 and 10-12-11; Lumbar spine persistence of the severe right peroneal motor neuropathy; possible early underlying peripheral neuropathy ; mild and abnormal findings with bilateral L5-S1 Nerve root impingement that is chronic and mild on the left and moderate on the right, per EMG/ NCV 9/25/13; Lumbar spine 2mm disc bulge at L2-3, 3MM Disc bulge at L3-4, 3MM disc bulge at L4-5, per MRI dated 11/13/13; Bilateral Hip strain/sprain. Treatments have included acupuncture, Physical therapy, Vicodin, and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Ibuprofen 800mg #90. The MTUS recommends the use of the lowest effective dose for the short term treatment in chronic pain conditions. The injured worker has been on an unspecified dose of Ibuprofen since 05/14/2014; the requested dose is a high dose Ibuprofen with the risk pf not only gastrointestinal side effects but renal damage. The requested treatment is not medically necessary. The medical records provided for review do not indicate a medical necessity for Ibuprofen 800mg #90. The MTUS recommends the use of the lowest effective dose for the short term treatment in chronic pain conditions. The injured worker has been on an unspecified dose of Ibuprofen since 05/14/2014; the requested dose is a high dose Ibuprofen with the risk pf not only gastrointestinal side effects but renal damage. The requested treatment is not medically necessary.