MAXIMUS Federal Services

Case Number:	CM14-0097615		
Date Assigned:	07/30/2014	Date of Injury:	09/26/2013
Decision Date:	09/04/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic shoulder, arm, neck, and jaw pain reportedly associated with an industrial injury of September 26, 2013. In a letter dated August 21, 2015, the claims administrator furnished previously missing records. The claims administrator suggested that it had failed to approve ibuprofen via an earlier Utilization Review report dated June 13, 2014. The full text of the UR report and associated application were not, however, seemingly attached. On May 19, 2015, the applicant reported ongoing complaints of neck, back, jaw, and eye pain with derivative complaints of headaches. The applicant's medication list reportedly included ibuprofen, Prilosec, and Zorvolex. The claimant was off of work, on total temporary disability, it was reported in the work status section of the note. The claimant reported ancillary complaints of headaches, depression, and sleep disturbance, it was reported. MRI imaging of the brain, MRI imaging of the shoulder, a neurology consultation, an ophthalmology consultation, Zorvolex, and Prilosec were all endorsed. The claimant exhibited a visibly antalgic affect. No seeming discussion of medication efficacy transpired. On October 28, 2014, it was again acknowledged that the applicant was off of work, on total temporary disability. 8-9/10 shoulder and back pain complaints were reported. The applicant was using Motrin and Prilosec for medication-induced gastritis, it was reported. The claimant was not working and was receiving total temporary disability benefits, it was reported in another section of the note. The attending provider stated that Motrin was generating appropriate analgesia and permitting performance of unspecified activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant had developed issues with Motrin-induced dyspepsia, it was reported on October 20, 2014. Discontinuing ibuprofen, thus, appeared to be the most appropriate option in response to the applicant having developed ibuprofen-induced dyspepsia. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate both some discussion of efficacy of medication and as well as a discussion of medication side effects into his choice of recommendations. Here, the applicant presented on October 20, 2014 reporting 8-9/10 pain complaints, despite ongoing ibuprofen usage. The applicant was off of work, on total temporary disability, it was reported on that date. While the attending provider stated that ibuprofen was beneficial in terms of reducing the applicant's pain complaints, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline specific functions or functionalities which had been ameliorated as a result of ongoing ibuprofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing ibuprofen usage. Therefore, the request was not medically necessary.