

Case Number:	CM15-0111350		
Date Assigned:	06/17/2015	Date of Injury:	09/04/2003
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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, Illinois

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 injured worker (IW) is a 54-year-old male who sustained an industrial injury on 09/04/2003. The injured worker was diagnosed as having brachial neuritis or Radiculitis not otherwise specified, opioid type dependence unspecified, carpal tunnel syndrome, displacement of cervical intervertebral disc without myelopathy; migraine. Treatment include Excedrin migraine, Lisinopril, Trazodone, and Maxalt. Currently, the injured worker complains of pain that he rates as a 9/10 on a pain scale of 10. The worker states current pain to be 7-8 on a pain scale of 0-10. The pain is in both arms which causes numbing and tingling. The pain is constant, sharp, throbbing and occasionally stabbing. The pain is unrelieved by ice, heat, rest or elevation, and is made worse by lifting, increased activity, pulling, pushing, grasping or bending. On physical examination, the worker is alert and oriented with decreased cervical rotation and pain with palpation . His bilateral shoulders are normal with no atrophy of the hypothenar muscle groups, and a negative Tinel's bilaterally. He has pain with palpation at the lateral/medial epicondyle that is increased with resistance. He has a positive Spurlings. The treatment plan includes continuation of all meds as previous, compliance with DEA and DOJ routine urine screenings, and restarting Percocet. A request for authorization is made for: 1. One (1) prescription for Ibuprofen 800mg #135; 2. One (1) prescription for Percocet; and 3. One (1) prescription for Maxalt 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Ibuprofen 800mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 09/04/2003. The medical records provided indicate the diagnosis of brachial neuritis or Radiculitis not otherwise specified, opioid type dependence unspecified, carpal tunnel syndrome, displacement of cervical intervertebral disc without myelopathy; migraine. Treatments have included Excedrin migraine, Lisinopril, Trazodone, and Maxalt. The medical records provided for review do not indicate a medical necessity for One (1) prescription for Ibuprofen 800 mg #135. Ibuprofen is an NSAID. The MTUS recommends the use of the lowest dose of the NSAIDs for the short-term treatment of moderate to severe pain. Also, the MTUS recommends monitoring patients on NSAIDs for blood chemistry, blood counts, due to the risk of kidney and liver damage. The medical records indicate the injured worker has been using Ibuprofen 800 mg at least since 12/2014. Furthermore, the MTUS states that doses greater than 400 mg have not provided greater relief of pain; higher doses are usually necessary for osteoarthritis, but the records do not indicate the injured worker is being treated for osteoarthritis.