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| Case Number: | CM15-0113070 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 02/03/2014 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 26 year old male who sustained an industrial injury on 02/03/2014. He reported right wrist pain, neck pain and headaches. The injured worker was diagnosed as having right triangular fibrocartilage complex tear and right distal radius fracture; right shoulder AC cartilage disorder; right shoulder subacromial subdeltoid bursitis; supraspinatus and infraspinatus tendonitis; right wrist status post distal radius fracture; a small tear of the medial portion of the superior labrum which is identified on MRI; as well as bicipital tendinosis; cervical spine sprain/strain; and a concussion. Treatment to date has included medications, physical therapy, and right wrist arthroscopy and debridement 11/04/2014. Currently (05/06/2015), the injured worker complains of wrist pain rated a 6/10 with numbness and a pulling sensation especially if he flexes or extends. He also complains of neck pain that he rates an 8/10 that is constant, achy, and sharp, right shoulder pain that he rates an 8/10 that is constant, sharp, numb and achy. The worker felt physical therapy intensified his pain. On exam, the right shoulder is positive Neer's, positive 90 degree cross over impingement test, positive Apley's, positive Hawkins, and weak abduction against resistance. Right wrist palmar flexion is 40/60 degrees, dorsiflexion 40/60 degrees, radial deviation is 15/20 degrees, and the worker has full opposability but with pain. The treatment plan includes a follow-up visit, work restrictions, and Ibuprofen for pain. A request for authorization is made for Ibuprofen 800mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Ibuprofen (Motrin, Advil).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months without significant improvement in pain or function. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.