

Case Number:	CM15-0118770		
Date Assigned:	06/29/2015	Date of Injury:	07/25/2012
Decision Date:	07/30/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 7/25/2012. Diagnoses have included musculoligamentous sprain of the cervical spine with upper extremity radiculitis, bilateral upper extremity overuse syndrome, right shoulder internal derangement, right shoulder tendinitis, right elbow medial and lateral epicondylitis, right elbow cubital tunnel syndrome, right wrist carpal tunnel syndrome, right wrist DeQuervain's tendinitis and cervical disc bulges. Treatment to date has included medication. According to the progress report dated 5/14/2015, the injured worker complained of constant pain in right shoulder rated 7. There was frequent popping and limited range of motion. She complained of pain and swelling in the right elbow and right wrist. She also complained of neck stiffness. She reported that Ibuprofen was helping slightly with inflammation. Objective findings reveal tenderness over the trapezius, levator scapulae and rhomboids, bilaterally. Authorization was requested for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the sole 05/14/15 progress report provided by treating physician, the patient presents with pain to neck, right shoulder, right elbow, and right wrist. The request is for IBUPROFEN 800MG #90 WITH 5 REFILLS. Patient's diagnosis per Request for Authorization form dated 05/15/15 includes musculoligamentous sprain of the cervical spine with upper extremity radiculitis, bilateral upper extremity overuse syndrome, internal derangement, right shoulder tendinitis, right elbow medial and lateral epicondylitis, right elbow cubital tunnel syndrome, right wrist carpal tunnel syndrome, right wrist deQuervain's tendinitis, disc bulges C2-3, C3-4, C4-5, C5-6, C6-7 per MRI 02/06/13, and acromioclavicular joint hypertrophy right shoulder. Physical examination on 05/14/15 revealed tenderness over upper trapezius, levator scapulae and rhomboids, bilaterally. The patient is not working, per 05/14/15 report and is considered permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per 05/14/15 report, treater states Ibuprofen helps "slightly with inflammation... the patient requires continuative palliative medications to be prescribed as the medications provide temporary relief from the physical symptoms of the injury which was sustained." It is not known when Ibuprofen was initiated. Given patient's chronic pain and documentation of temporary relief, oral NSAIDs may be indicated. However, the request for 5 refills is excessive, and treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.