

Case Number:	CM15-0145169		
Date Assigned:	09/02/2015	Date of Injury:	09/19/2008
Decision Date:	10/05/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 49 year old male, who sustained an industrial injury, September 19, 2008. The injured worker previously received the following treatments Oxycontin, Ibuprofen, Docusate, Norco, ice and heat therapy and right shoulder injection. The injured worker was diagnosed with left shoulder traumatic arthritis, left shoulder posterior glenohumeral joint traumatic instability, left shoulder supraclavicular pain of unknown etiology and right shoulder supraspinatus tendinitis. According to progress note of July 2, 2015, the injured worker's chief complaint was shoulder pain. The injured worker rated the pain 6 out of 10. The pain was a 4-5 out of 10 with Hydrocodone. The pain was described as ache down arm, stabbing in the shoulder. The pain was worse by lifting the arm above the head and when lifting heavy objects. The pain was disrupting the injured worker's sleep. The injured worker was suffering from paresthasias to the fingers bilaterally. The injured worker was dropping objects and the left shoulder feels unstable. The physical exam noted motion loss of the shoulder. There was resisted internal rotation, external rotation and abduction was 3 out of 5. The empty can test was positive with fasciculation's noted in the digits. The treatment plan included prescriptions for Ibuprofen and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 600 mg #60 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is cervical radiculopathy. Date of injury is September 19, 2008. Request for authorization is July 2, 2015. According to a progress note dated January 14, 2015, the treating provider prescribed ibuprofen, Lidoderm, gabapentin, nor call and OxyContin. The injured worker had additional complaints of constipation and was prescribed docusate sodium. Subjectively, the injured worker complained of neck pain and a hernia secondary to constipation. The most recent progress notes in the medical record dated July 1, 2015 states the injured worker has ongoing cervical spine pain 6-7/10. The worker uses a TENS unit and is engaged in a home exercise program. Objectively, there is tenderness palpation over the paraspinal muscle groups. Current medications remain unchanged with OxyContin, Norco, gabapentin, ibuprofen and docusate. There is no documentation demonstrating objective functional improvement from ongoing ibuprofen or docusate. There is no documentation of attempted ibuprofen weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no attempt at ibuprofen weaning, ibuprofen 600 mg #60 with two refills is not medically necessary.

Docusate 250 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>.

Decision rationale: Pursuant to drugs.com, Docusate 250 mg #60 with two refills is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent dry, hard stools. Colace is a stool softener. In this case, the injured worker's working diagnosis is cervical radiculopathy. Date of injury is September 19, 2008. Request for authorization is July 2, 2015. According to a progress note dated January 14, 2015, the treating provider prescribed ibuprofen, Lidoderm, gabapentin, nor call and OxyContin. The injured worker had additional

complaints of constipation and was prescribed docusate sodium. Subjectively, the injured worker complained of neck pain and a hernia secondary to constipation. The most recent progress notes in the medical record dated July 1, 2015 states the injured worker has ongoing cervical spine pain 6-7/10. The worker uses a TENS unit and is engaged in a home exercise program.

Objectively, there is tenderness palpation over the paraspinal muscle groups. Current medications remain unchanged with OxyContin, Norco, gabapentin, ibuprofen and docusate. There is no documentation demonstrating objective functional improvement from ongoing ibuprofen or docusate. There is no subjective improvement regarding constipation documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and documentation demonstrating both subjective improvement and object of improvement in constipation, Docusate 250 mg #60 with two refills is not medically necessary.