MAXIMUS Federal Services

Case Number:	CM15-0174559		
Date Assigned:	09/16/2015	Date of Injury:	01/24/2011
Decision Date:	10/26/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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, 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 is a 58 year old female who sustained an industrial injury on 1-24-11. A review of the medical records indicates she is undergoing treatment for left shoulder pain, left rotator cuff tendinitis, status post carpal tunnel surgery and de Quervain surgery, and osteoarthritis of the left first MCP joint (7-29-15).The 6-26-15 records indicate an additional diagnosis of impingement syndrome left shoulder with AC joint arthritis and tendinosis on MRI. Medical records (6-26-15 to 7-29-15) indicate ongoing complaints of left shoulder and left hand pain. She rates the pain "8 out of 10" and describes it as "sharp, burning, pins and needles, tingling and numbness". Her medications include Gabapentin, Ibuprofen, and Nortriptyline. The physical exam (7-29-15) indicates tenderness to palpation over the anterolateral aspect of the shoulder and over the AC joint. Decreased range of motion is noted of the left shoulder. Muscle strength testing was within normal limits. Impingement test was positive. Sensory testing of the cervical spine was intact. The treatment plan was to request a left shoulder injection for the next visit, as well as increase Gabapentin to 800mg three times daily, continue Ibuprofen, and change her from Nortriptyline to Amitriptyline 10mg at night. The utilization review (8-20-15) indicates a request for authorization for Ibuprofen 600mg, #90 with 2 refills, Gabapentin 800mg, #90 with 2 refills, and Amitriptyline 10mg, #30 with 3 refills with a date of service 7-29-15. The UR indicates denial of Ibuprofen retrospectively for 7-29-15, explaining that "there is absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication". The medication list includes Gabapentin, Ibuprofen and Amitriptyline. The patient had received an unspecified number of PT

visits for this injury. The patient has had EMG of upper extremity on 10/31/13 that revealed cervical radiculopathy. The patient's past surgical history include left CTR on 425/13 and thumb surgery and left wrist arthroplasty on 1/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7.29.15 Ibuprofen 600mg #90, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Request: Retro DOS: 7.29.15 Ibuprofen 600mg #90, 2 refills. Ibuprofen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Ibuprofen for this injury. Patient is status post carpal tunnel surgery and de Quervain surgery, and osteoarthritis of the left first MCP joint (7-29-15). The 6-26-15 records indicate an additional diagnosis of impingement syndrome left shoulder with AC joint arthritis and tendinosis on MRI. Medical records (6-26-15 to 7-29-15) indicate ongoing complaints of left shoulder and left hand pain. She rates the pain "8 out of 10" and describes it as "sharp, burning, pins and needles, tingling and numbness". The physical exam (7-29-15) indicates tenderness to palpation over the anterolateral aspect of the shoulder and over the AC joint. Decreased range of motion is noted of the left shoulder. Impingement test was positive. The patient has had EMG of upper extremity on 10/31/13 that revealed cervical radiculopathy. The patient's past surgical history include left CTR on 425/13 and thumb surgery and left wrist arthroplasty on 1/23/14. NSAIDS like Ibuprofen are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. Retro DOS: 7.29.15 Ibuprofen 600mg #90, 2 refills use is medically necessary in this patient.