

Case Number:	CM15-0061099		
Date Assigned:	04/07/2015	Date of Injury:	01/27/2014
Decision Date:	05/12/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/31/2015

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: Iowa

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 is a 43 year old male, who sustained an industrial injury on 1/27/2014. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having lumbar spinal strain, right lumbar radiculopathy, right shoulder pain, right shoulder impingement, and partial thickness rotator cuff tear. Treatment to date has included medications, and home exercise program. On 2/25/2015, the worker indicates there is no shoulder pain and that his low back pain is improving and rates it as 2/10. Physical findings are noted to be pain with resisted external rotation of the arm, and tenderness to the lumbar and sciatic notch areas, and a positive straight leg raise test. The treatment plan included: home exercise program, continue Ibuprofen 800mg and Prilosec, consider right shoulder surgery, functional capacity evaluation and follow up. The contested request is for Ibuprofen 800mg and a functional capacity evaluation.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: Ibuprofen is a NSAID class of medication. According to MTUS guidelines, NSAIDs are recommended for acute exacerbation of musculoskeletal pain at the lowest effective dose for the shortest amount of time. Side effects with long-term use include cardiovascular risk as well as renal, hepatic, and gastrointestinal issues. The medical documentation indicates the patient has been on this medication for an extended period of time, in excess of what would be considered short-term use. Although Ibuprofen could potentially be utilized as first-line therapy for an acute exacerbation, the treating physician has not provided sufficient rationale regarding this utilization and the patient's pain appears to be improving. The assumption is that the treating physician intends this to be for long-term use and there is no indication of an attempt to reduce the pain medication. The documentation does not contain any additional evidence to clarify the reasoning for the use of this medication. Therefore, the request for Ibuprofen 800 mg is not medically necessary at this time.

One (1) functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to MTUS guidelines, ACOEM recommends use of a functional capacity evaluation (FCE) when necessary to translate medical impairment into functional limitations and determine work capability, in the event that a more precise delineation is needed than can be elicited from routine physical examination. ODG also does not recommend as part of routine evaluation, and only recommends in certain circumstances, such as prior to a Work Hardening program, when case management is complicated by complex issues, or at an appropriate time to assist placement or medical determination. ODG recommends timing of FCE when the patient is close or at MMI and all key medical reports are secured and additional or secondary conditions are clarified. A FCE was already completed on 2/5/2015 and there is no indication why another is necessary. This does not appear to be a retrospective review. The medical documentation available outlines the patient's limitations and the latest visit indicates there is minimal change from prior visits. The documentation makes no indication that any additional information on the patient's capabilities is necessary to determine work status or capabilities. Therefore, the request for a functional capacity evaluation is not medically necessary at this time.

