

Case Number:	CM15-0063320		
Date Assigned:	04/09/2015	Date of Injury:	12/03/2008
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 was a 54 year old female, who sustained an industrial injury, December 3, 2008. The injured worker received the following treatments in the past: heat packs, Ultram, Ibuprofen and Prilosec. The use of ibuprofen causes indigestion which is controlled with Prilosec. The injured worker was diagnosed with sprain/strain of the shoulder and upper arm not otherwise specified, enthesopathy site not otherwise specified, spasm of muscle, pain in the joint of shoulder and adhesive capsulitis of the shoulder. Comorbid conditions include diabetes. According to progress note of January 9, 2015, the injured worker's chief complaint was left shoulder pain. The pain was moderate to severe depending on activity level and continues to have limited range of motion. When the injured worker took pain medication, the injured worker had the ability to participate in activities of daily living, cook and do laundry. The physical exam noted restricted range of motion of the cervical neck. The right shoulder with restricted range of motion. The empty cans test was positive. Hawkin's test was positive. Neer test was positive. The shoulder crossover test was positive. The treatment plan included a prescription for Ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-70, 74-84.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-74.

Decision rationale: Ibuprofen (Motrin, Advil) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity for use of this medication has not been established. Therefore the request is not medically necessary.