

Case Number:	CM15-0065284		
Date Assigned:	04/13/2015	Date of Injury:	10/14/2003
Decision Date:	05/13/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/07/2015

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 60 year old female, who sustained an industrial injury on 10/14/2003. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 03/11/2015 the injured worker has reported improvement in pain, mobility, motion and function in elbows, however had worsening pain and a decreased range of motion was noted in both shoulders. On examination of the shoulders revealed limited abduction and flexion with a marked positive impingement sign. The diagnoses have included epicondylitis lateral tennis elbow-bilateral and impingement syndrome shoulder- bilateral. Treatment to date has included elbow injections and medication. The provider requested another prescription of Ibuprofen 800mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ibuprofen 800mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: This patient has a date of injury of 10/14/13 and presents with complaints of bilateral shoulder and elbow pain. The current request is for 1 prescription of Ibuprofen 800MG with 1 refill. The MTUS Chronic Pain Medical Treatment Guidelines, page 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. This patient has been utilizing Ibuprofen since at least 02/27/14. The patient is currently not working. Progress reports from 01/16/14 through 03/11/15 were reviewed. In this case, there is no documentation of pain and functional improvement with the use of Ibuprofen. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.