

Case Number:	CM15-0077883		
Date Assigned:	04/29/2015	Date of Injury:	04/21/2011
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania
 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 50 year old female, who sustained an industrial injury on 4/21/2011. The current diagnoses are cervical thoracic strain/arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis, bilateral carpal tunnel syndrome, cubital tunnel syndrome, lumbosacral strain/arthrosis, bilateral plantar fasciitis, umbilical hernia, and bilateral lower extremity close veins. According to the progress report dated 2/9/2015, the injured worker complains of neck pain with radiation into bilateral shoulders, left worse than right. The current medications are Norco. Treatment to date has included medication management, MRI studies, home exercises, acupuncture, and cortisone injections. The plan of care includes prescription for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ibuprofen 600mg #60 for DOS 2/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Ibuprofen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. This worker had an adverse effect from ibuprofen. She was evaluated in the ER for gastritis. Her symptoms resolved after discontinuation of the NSAID. The record does not indicate why ibuprofen was again being prescribed or what the indication or rationale for treatment with ibuprofen was. The request is not medically necessary.