

Case Number:	CM15-0078534		
Date Assigned:	04/29/2015	Date of Injury:	09/20/2013
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 9/20/2013. She reported a back injury while lifting trash bags. The injured worker was diagnosed as having cervical sprain, lumbar radiculopathy, and derangement of joint, shoulder. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, and diagnostics. The use of nonsteroidal anti-inflammatory drugs was noted since 9/2013. A complete progress report (3/26/2015), with subjective complaints with regards to the current requested treatment, was not submitted. The treatment plan included acupuncture, and continued medications, including Ibuprofen and Salonpas patches. Her work status was modified, total temporary disability if unavailable. On 1/29/2015, she continued to report pain in her neck, right shoulder, arm and hand, and mid and low back. She reported stress, anxiety, and depression due to health concerns, and was not working. Pain was rated 4-7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 50 year old female with an injury on 09/20/2013. She had neck and back pain lifting trash bags. She has been treated with medications, physical therapy, chiropractic manipulation and acupuncture. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Salon Pas large patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 50 year old female with an injury on 09/20/2013. She had neck and back pain lifting trash bags. She has been treated with medications, physical therapy, chiropractic manipulation and acupuncture. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.