

<b>Case Number:</b>	CM15-0098019		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, California  
 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:

This is a 51-year-old female patient, who sustained an industrial injury on 10/7/2013. The current diagnoses are internal derangement of the left shoulder, status post Mumford procedure, disorder of bursa of the shoulder region, and shoulder injury. According to the progress report dated 4/27/2015, she had complains of constant left shoulder pain. The pain is rated 6/10 on a subjective pain scale. The physical examination revealed painful range of motion of the left shoulder and multiple trigger points in the cervical paraspinal muscles and left trapezius muscles. The current medications list includes Ibuprofen. She has undergone left shoulder surgery in 4/2014. She has had left shoulder MRI which revealed supraspinatus and infraspinatus tendinosis. Treatment to date has included medication management, rest, ice, physical therapy, injections, and surgical intervention. 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:

**Ibuprofen 600mg #90 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Request-Ibuprofen 600mg #90 with 5 refills. Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic left shoulder pain. Patient is having objective findings on physical examination including painful range of motion and multiple trigger points. Patient has undergone left shoulder surgery. NSAIDs are considered first line treatment for pain and inflammation. The request for Ibuprofen 600mg #90 with 5 refills is medically necessary for this patient to use as prn to manage his chronic pain.