

Case Number:	CM17-0002181		
Date Assigned:	01/09/2017	Date of Injury:	10/11/2016
Decision Date:	01/31/2017	UR Denial Date:	12/27/2016
Priority:	Standard	Application Received:	01/03/2017

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 Jersey, New York

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 41 year old male with a date of injury on 10-11-2016. A review of the medical records indicates that the injured worker is undergoing treatment for strain of muscle and-or tendon of wrist, low back strain, strain of knee and shoulder strain. According to the progress report dated 12-14-2016, the injured worker complained of pain in the left shoulder, left wrist, left knee and low back. The physical exam (12-14-2016) revealed tenderness over the lumbar paraspinal muscles, left shoulder and left wrist. The injured worker had pain with flexion and extension of the left knee. Treatment has included physical therapy and medication. The request for authorization was dated 12-19-2016. The original Utilization Review (UR) (12-27-2016) modified the requested treatment. Ibuprofen 600mg #90 with 2 refills was the original request. Ibuprofen 600mg #90 was authorized by the Claims Administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 with 2 refill was the original request. Ibuprofen 600mg #90 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Two refills of Ibuprofen 600mg #90 is: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Anti-inflammatory medications.

Decision rationale: The request for ibuprofen is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. The patient had decreased pain with medications, however, there was no documentation of functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Long term use is not recommended. Therefore, the request for ibuprofen is considered not medically necessary.