

Case Number:	CM14-0155103		
Date Assigned:	09/25/2014	Date of Injury:	07/18/2013
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old male who was injured on 07/18/2013 due to repetitive climbing at work. The patient underwent a SLAP tear. Prior treatment history has included 10 sessions of physical therapy. Prior medication history included LidoPro cream, ibuprofen 800 mg, cyclobenzaprine 7.5 mg, Omeprazole 20 mg, and Naproxen 550 mg. The progress report dated 09/03/2014, states the patient presented with complaints of right shoulder pain. He reported the pain is constant and radiates to right side of the neck with stiffness and achiness. On exam, the patient has 2-3+ tenderness over the right short head at the biceps tendon. The examination reviewed a range of motion of the right shoulder as follows: flexion at 110 degrees; abduction at 120 degrees; and horizontal extension at 35 degrees. The patient is diagnosed with right SLAP tear, right shoulder tendinitis and myofascial pain. He was recommended to continue with ibuprofen 800 mg 90 tablets. Prior utilization review dated 09/10/2014, states the request for 90 Tablets of Ibuprofen 800mg is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) therapy for acute on chronic pain for short-term treatment. Generally treatment should not exceed 4-6 weeks. It is unclear from the documents how long the patient has been taking NSAIDs but it is evident it is longer than the recommended duration. The clinical notes did not provide a discussion of the subjective/objective benefits to ongoing NSAID therapy. The request does not contain a frequency of administration. The requested strength, 800mg, has not been shown to be superior to lower doses. Some of the clinical documents were handwritten and illegible. It is unclear if the patient is also on Naproxen, which is also a NSAID. From the documents provided the indication for NSAID therapy is unclear. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

1 Methoderm Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
Drugs.com <http://www.drugs.com/cdi/methoderm-cream.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/methoderm-cream.html>

Decision rationale: The decision for Methoderm gel is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown to be effective for osteoarthritis to amenable joints. Methoderm is a combination of topical NSAID and menthol. The effects of the combination of these two medications are not sufficiently discussed in the current literature. The request does not indicate a frequency or amount to be dispensed for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.