

<b>Case Number:</b>	CM13-0046962		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, shoulder, and arm pain reportedly associated with an industrial injury of February 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and work restrictions. It is not clear whether the applicant's limitations have been accommodated or not. In a utilization review report of October 10, 2013, the claims administrator apparently denied a request for Clinoril reportedly owing to the fact that the attending provider did not detail the applicant's medication list. A progress note of September 20, 2013 is notable for comments that the applicant is no longer using unspecified medications secondary to GI upset and that the applicant does not wish to obtain any medication refills. In a letter dated July 5, 2013, the claims administrator notes that the applicant is off of work, on total temporary disability and that effort should be made to settle the applicant's claim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clinoril 100mg per 10/03/13 prr form:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

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

**Decision rationale:** Clinoril is an NSAID. In this case, the applicant is reporting issues with stomach upset/dyspepsia associated with medication usage. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment of dyspepsia secondary to NSAID therapy can include discontinuation of the offending NSAID. In this case, it appears that both the applicant and the attending provider have concurred that discontinuing the offending NSAID, Clinoril, is the most appropriate course of the action. Accordingly, the request remains non-certified, on independent medical review.