

Case Number:	CM13-0050957		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2009
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 49-year-old female who reported an injury on 07/29/2009. The mechanism of injury was not provided. The injured worker is diagnosed with right C6 radiculopathy, right shoulder partial rotator cuff tear, adhesive capsulitis of the right shoulder, right carpal tunnel syndrome, right wrist dorsal pain and swelling, and compensatory left hand and forearm/wrist pain. The injured worker was evaluated on 10/10/2013. The injured worker reported persistent pain in the cervical spine, lumbar spine, bilateral shoulders, and bilateral wrists. Current medications include Motrin and Prilosec. Physical examination revealed limited shoulder range of motion, positive Neer's and Hawkins' testing, painful arc of motion beyond 135 degrees, intact sensation, and 4/5 strength. Examination of the right wrist revealed limited range of motion, positive Tinel's and Phalen's testing, positive Finkelstein's testing, and decreased sensation at the median nerve distribution. Treatment recommendations at that time included continuation of Motrin 800 mg, Prilosec 20 mg, and Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN (IBUPROFEN) 800MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. There is no evidence of long term effectiveness for pain or function. As per the documentation submitted, the injured worker has utilized Motrin 800 mg since 07/2013. Despite ongoing treatment, there is no evidence of a satisfactory response to treatment. As guidelines only recommend NSAIDs as an option for short term symptomatic relief, the current request cannot be determined as medically appropriate. Additionally, there is no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.