

<b>Case Number:</b>	CM14-0014789		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 3 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:

This is a 60-year-old female with a CT 1980-9/10/09 date of injury. A specific mechanism of injury was not described. 1/13/14 determination was non-certified given no functional/vocational benefit with the use of NSAIDs (Motrin) and guidelines indicate this should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. Regarding ProAir, there was no rationale as to why this medication is being prescribed and no documentation of a diagnosis of COPD, asthma, or exercise-induced bronchospasm. 2/7/14 pain management follow-up identified full body pain along with cervical radicular pain and cervical spinal stenosis. The pain is described at 8/10 stabbing and sharp with some areas of fire and burning with achy and dull areas including the shoulder, neck, knee, and feet, as well as new-onset rib pain. The pain has been ongoing for 33 years. The patient was given nortriptyline and also has had some sessions of physical therapy. There is also indication that the patient has a past medical history of obstructive sleep apnea, not requiring CPAP machine according to her primary physician who is in charge of her obstructive sleep apnea, anxiety, depression, and rheumatoid arthritis, as well as asthma. Exam revealed limited range of motion with neck flexion and extension to 10 degrees, lateral rotation 5 degrees bilaterally. There was tenderness to palpation along the entire length of the cervical spine and spinous processes and paraspinal musculature bilaterally. Undated and unsigned medical report identifies global pain complaints. Treatment recommendations included Motrin 600mg and ProAir, it was noted that the patient received nortriptyline from the pain management physician. A 12/16/13 supplemental report, unsigned, identify again a request for Motrin and ProAir. However, those medical reports do not identify any pulmonary conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTRIN 600MG THREE TIMES A DAY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The patient has a chronic pain condition with complaints in multiple body parts. The medical records identify that the patient has been managed with NSAIDs and recently nortriptyline was initiated. CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Although, it would be recommended not to use NSAIDs for a long period of time, in this particular case, given continued pain complaints with minimal medication intake, continue use of Motrin is medically necessary.

**PRO AIR TWO PUFFS TWICE A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ProAir <http://www.drugs.com/mtm/proair-hfa.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter.

**Decision rationale:** The FDA states that albuterol is indicated for COPD, asthma, or exercise-induced bronchospasm. While there one report identifying a past medical history that included asthma, the medical report where the medication was being requested did not identify any pulmonary condition. The requested medication might be medically necessary for the patient. There would be need of a medical report providing a comprehensive rationale for the use this medication. However, the medical records provided failed to provide sufficient information to support the necessity for such.