

Case Number:	CM14-0115050		
Date Assigned:	08/04/2014	Date of Injury:	03/03/2011
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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: Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained injury to multiple body parts on March 3, 2011 in a work related incident. Medical records pertaining to the date of June 26, 2014 when Motrin was requested were not available for review. However, information from the primary treating physician's follow-up visit on March 7, 2014 was available for review. On that date she was complaining of worsening low back pain. She also complained of persistent left shoulder pain, on and off flare ups to her neck, left knee, left hip, left wrist and bilateral ankle complaints. Her current medications included Motrin 300 mg 4 tablets per day and Colace 100 mg one to 2 tablets twice a day to help with constipation. She stated the Motrin was no longer controlling her pain. It was not stated how long she had been taking the Motrin. Objective findings of the lumbar spine revealed tenderness and spasm over the lumbar paravertebral musculature. Lumbar spine range of motion was limited and associated with pain. Objective findings of the left shoulder revealed postoperative changes consistent with her previous left shoulder arthroscopy in February, 2013. She had tenderness, hypertonicity and muscle guarding of the trapezius muscles. There was tenderness over the subacromial region and over the acromio-clavicular joint and supraspinatus tendon. There was crepitus with passive range of motion. Impingement and cross arm test elicited diffuse left shoulder pain. Range of motion of the left shoulder was slightly decreased. Diagnoses included lumbar spine musculo-ligamentous sprain/strain with July 17, 2012 MRI findings showing disc desiccation at L5-S1 with slight disc bulges at L4-L5 and L5-S1 with mild bilateral neural foraminal stenosis at L5-S1; status post February 27, 2013 left shoulder arthroscopy with subacromial decompression and distal third clavicle excision; cervical spine sprain/strain with left upper extremity radiculitis with associated muscle contraction headaches; left hip strain with bursitis; left knee sprain with January 17, 2012 ultrasound study findings showing medial meniscal degenerative changes; left ankle/foot sprain/strain; right ankle/foot

sprain secondary overcompensation; left wrist and hand sprain/strain; abdominal wall strain; sleep difficulty; anxiety and depression secondary to orthopedic complaints; constipation and elevated blood pressure secondary to orthopedic complaints. The treatment plan on March 7, 2014 included L4-L5 medial branch blocks, home exercise program, TENS unit, start Nucyta 50 mg one tablet twice daily, and start dendracin lotion. It was stated that she was temporarily totally disabled. In addition to the above diagnoses, according to an internal medicine evaluation on March 17, 2014, she also had lupus, hypertension, restrictive lung disease, and sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: NSAIDs are to be used with caution in patients with hypertension which the records report this patient did have a history of according to an internal medicine evaluation on March 17, 2014. NSAID's can increase blood pressure by an average of 5-6 mm in patients with hypertension. Blood pressure should be measured on each visit. If blood pressure was being monitored, it was not mentioned in the primary treating physicians report available to me. NSAIDs are recommended as an option for short-term symptomatic relief of low back pain. They are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. There is conflicting evidence of NSAIDs being any more effective than acetaminophen for acute low back pain. Acetaminophen has fewer side effects, particularly lack of concern with hypertension. In any case Motrin would not be considered medically necessary long-term in this worker and it appears she had been using it for an extended period of time. Furthermore, it was in fact stated that the Motrin was not controlling her pain.