

Case Number:	CM14-0151828		
Date Assigned:	10/08/2014	Date of Injury:	07/25/2012
Decision Date:	12/26/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 41-year-old female with a 7/25/12 date of injury, when she fell with her outstretched right arm and injured her cervical spine. The patient was seen on 7/29/14 with complaints of pain in the neck radiating down into the right upper extremity. The exam finding of the cervical spine revealed decreased range of motion, tenderness to palpation over paraspinals, trapezius and suboccipital region and multiple trigger points and taut bands to palpation. The progress note stated that the patient was utilizing Norco 10/325 and Motrin 600mg and the patient stated that she needed higher doses of Motrin for her pain. The patient was seen on 9/19/14 with complaints constipation and diarrhea. Exam findings revealed blood pressure 139/77, pulse 87 and weighs 146 pounds. The patient has been noted to be on Loperamide and Colace. The diagnosis is cervicalgia, right wrist and hand pain, and lumbago, right shoulder tendonitis. Treatment to date: epidural steroid injection, work restrictions, physical therapy, chiropractic treatment and medications. An adverse determination was received on 8/26/14 for a lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However the progress notes indicated that the patient was utilizing Motrin 600mg and the patient stated that she needed higher doses of Motrin for her pain, there is a lack of documentation indicating that higher dose of Motrin improved the patient's pain. In addition, the patient has been noted to be on Norco 10/325 for her pain. Lastly, the Guidelines do not recommend long-term treatment with NSAIDs. Therefore, the request for Motrin 800mg #60 was not medically necessary.