

Case Number:	CM14-0158537		
Date Assigned:	10/02/2014	Date of Injury:	11/24/1999
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 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 applicant is a represented [REDACTED] employee who have filed a claim for chronic low back, mid back, and shoulder pain reportedly associated with an industrial injury of November 24, 1999. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Motrin, stating that the applicant had failed to profit from the same. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported persistent complaints of neck, elbow, and hand pain, 6-1/2 to 8/10. The applicant was using Norco, Soma, and Motrin. Diminished shoulder range of motion was noted. MRI imaging of the shoulder, physical therapy, Motrin, Soma, and Norco were all renewed. The applicant was given work restrictions. It was not clearly stated whether the applicant was working or not. There was no explicit discussion of medication efficacy. The applicant reportedly had pain complaints that were constant and were generating attendant complaints of insomnia.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, p , Anti-inflammatory Medications topic.2. MT.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant's work status has not been furnished. The applicant does not appear to be working with limitations in place. Ongoing usage of Motrin has failed to diminish the applicant's pain complaints, which were scored as 6-1/2 to 8/10 on an August 19, 2014 office visit. Ongoing usage of Motrin has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.