

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0159705 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 12/01/2002 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Pain 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 injured worker is a 60 year-old male who sustained work-related injuries on December 1, 2002. Prior treatments include vocational rehabilitation, 6 sessions of acupuncture, oral medications and H-wave unit. Per August 28, 2014 records, the injured worker reported that his pain level remained unchanged since last. Quality of sleep was poor and activity level has remained the same. On examination, he appeared to be in mild pain. A cervical spine examination noted restricted range of motion in all planes by pain except left lateral rotation. Tenderness was noted at the right cervical facet joints. A right shoulder examination noted restricted range of motion in all planes except internal rotation. A Hawkin's test, Neer's test, shoulder crossover, lift-off test, and drop arm test were positive. Tenderness was noted in the acromioclavicular joint, glenohumeral joint and subdeltoid bursa. A right elbow examination noted tenderness over the lateral epicondyle, medial epicondyle, and soft tissue distal to the right elbow. Motor strength/testing were limited by pain. Right elbow flexor was 5-/5, right extensor was 5-/5, and right left shoulder was 4-/5. He is diagnosed with (a) shoulder pain, (b) elbow pain, (c) ulnar neuropathy, (d) lateral epicondylitis, (e) mood disorders, and (e) pain in the limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Contrary to the information lifted by the utilization review physician, the injured worker's kidney and function level were within normal limits as per July 15, 2014 as documented in the August 28, 2014 records. Evidence-based guidelines states that Motrin is indicated for osteoarthritis and is off-label for ankylosing spondylitis. It is also indicated for mild pain to moderate pain levels and higher doses are recommended for rheumatoid arthritis. In this case however, August 28, 2014 records indicate that the pain level of the injured worker remained unchanged since his last visit, quality of sleep is poor, and activity of level has remained the same. This means that there is no evidence of significant improvements with objective findings as well as absence of quantitative pain measurements (e.g. pain scores). In addition, it would seem that the requested Motrin 800 mg #60 x1 refill is intended for chronic usage whereas evidence-based guidelines recommended that nonsteroidal anti-inflammatory drugs (NSAIDS) should be used in the shortest duration of time. There is also no indication of an exacerbation of pain. Based on these reasons, the medical necessity of the requested Motrin 800mg #60 with one refill is not established. Therefore, the request is not medically necessary.