

Case Number:	CM14-0168769		
Date Assigned:	10/16/2014	Date of Injury:	12/26/2010
Decision Date:	11/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old female with complaints of neck pain, left shoulder pain, left wrist/hand pain, numbness/tingling into the left upper extremity. The date of injury is 12/26/10 and the mechanism of injury is motor vehicle accident, seat belted, and hit from side. At the time of request for Motrin 800mg#90 with 3 refills, there is subjective (neck pain, left upper extremity pain/numbness) and objective (pain to palpation left trapezius m., tenderness over the sub-acromial bursa left shoulder, marked tenderness over the 1st carpometacarpal joint, positive grind test) findings, imaging/other findings (MRI cervical spine 12/27/12 shows C3/4 and C5/6 disc degenerative findings), diagnoses (cervical sprain/strain, left shoulder sprain/strain, left wrist sprain/strain, left shoulder impingement, left basal joint arthralgia, possible carpal tunnel syndrome left), and treatments to date (injections thumb/shoulder, medications). NSAIDs may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, QTY: 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67, 73.

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

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, NSAIDs may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of pharmacologic therapy in the medical records provided. In fact, there is documentation of failure of Advil. Therefore, ibuprofen 800mg is not medically necessary.