

Case Number:	CM14-0174246		
Date Assigned:	10/24/2014	Date of Injury:	05/17/2011
Decision Date:	12/03/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

According to the records made available for review, this is a 50-year-old female with a 5/17/11 date of injury. At the time (9/12/14) of request for authorization for Motrin 800mg #90 1 PO Q6-8 hour with 2 refills, there is documentation of subjective (neck, low back, upper extremity and lower extremity pain) and objective (tenderness to palpitation over the bilateral cervical paravertebral area, bilateral lumbar paravertebral area, and bilateral knee; limited range of motion of the cervical spine and lumbar spine; and positive straight leg raise test) findings, current diagnoses (cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, and bilateral shoulder pain), and treatment to date (physical therapy and medications (including ongoing treatment with Motrin since at least 4/11/14)). Medical reports identify a decrease in pain level as a result of medication use. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 1 PO Q6-8 hour with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs). Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, and bilateral shoulder pain. However, given documentation of ongoing treatment with Motrin and despite documentation of a decrease in pain level as a result of medication use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date. Therefore, based on guidelines and a review of the evidence, the request for Motrin 800mg #90 1 PO Q6-8 hour with 2 refills is not medically necessary.