

Case Number:	CM14-0025681		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2011
Decision Date:	08/14/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported injury on 02/08/2011. The mechanism of injury was the injured worker was climbing down a ladder, and as the ladder slipped, the injured worker sustained an injury to the left middle finger, which was caught between 2 pieces. Prior treatments included physical therapy and acupuncture. The injured worker's medication history indicated he had been utilizing ibuprofen since at least 03/2013. The documentation of 12/30/2013 revealed the injured worker was taking the medications as prescribed and medication was helping with pain. Treatment plan included Motrin 600 mg. The diagnosis was left fifth finger laceration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 600MG UNKNOWN QUANTITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Anti Inflammatory and NSAIDS medications" Page(s): 22,67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, page 67 Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term treatment of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the medication was helpful. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 03/2013. The request as submitted failed to indicate the frequency and the quantity for the requested medication. There was no specific DWC Form Request for Authorization or PR2 that was submitted requesting the medication. Given the above, the request for Motrin 600 mg, unknown quantity is not medically necessary.