

<b>Case Number:</b>	CM14-0028883		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 57-year-old female with complaints of neck pain and headaches. The date of injury is 11/30/09 and the mechanism of injury was that she sustained injuries to her head, shoulder, arm, and neck when she slipped and fell while carrying merchandise. At the time of request for Motrin, there is subjective (neck pain and headaches got worse with functional activities and emotionally she got worse due to pain - anxiety. She rated her pain level on 01/14/14 as 10/10 and on 01/28/14 at 9-10/10), objective (exam revealed upper trapezius with marked spasm), findings, imaging/other findings (C-spine CT dated 02/04/13 revealed ACDF intact; slight broad-based posterior disc bulge at C3-C4 with minimal central canal stenosis; and remainder of the cervical levels showed no central canal stenosis), surgeries (she has undergone C5-C6, C6-C7 cervical fusion that has shown evidence of non-fusion on radiographic studies), current medications (Tramadol, Motrin, Baclofen, and Lidoderm), diagnoses (cervicalgia, cervical spasm, and cervical radiculopathy), treatment to date (Cymbalta causes headaches. She has been using Motrin since 01/14/14 which did not help her much and Ultram ER did not help. She has been medically treated via surgeries, injections, physical therapy, acupuncture, and medications with no significant relief). There are illegible handwritten notes submitted with this review. The request for Motrin 800 MG #90 X3: was denied on 02/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 MG #90 X3:** Overturned

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

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

**Decision rationale:** Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they 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. As there is documentation of efficacy of pharmacologic therapy as well as appropriate indication the request for ibuprofen 800mg #90 with 2 refills is medically necessary.