

Case Number:	CM14-0035812		
Date Assigned:	06/23/2014	Date of Injury:	01/06/2009
Decision Date:	12/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Practice 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:

46 yr. old female claimant sustained a work injury on 1/6/09 involving the right upper extremity. She was diagnosed with a right radial head fracture, right shoulder contusion, right shoulder tendinopathy, and right arm neuritis. She had been on NSAIDs since at least March 2013 for pain control. A progress note on 11/18/13 indicated the claimant's pain was 5/10. She was taking Percocet, Motrin and Pamelor. Motrin was denied by utilization review at the time. On 12/15/13 it was noted that a lab and urine panel were normal. Percocet, Lyrica and Pamelor controlled the pain to 5/10. Exam findings were notable for right wrist crepitus. Authorization to resume Motrin was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67- 68.

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

Decision rationale: According to the guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be

considered for initial therapy for patients with mild to moderate pain. In this case, there was no evidence of Tylenol failure. In addition, the claimant had the same pain level and function with or without Motrin. The claimant had been on Motrin for over 9 months. It is not intended for long-term-use. In addition, the claimant had been on opioids and neuropathic medications. There was no indication of combining multiple analgesics. The continued use of Motrin is not medically necessary.