

Case Number:	CM14-0073906		
Date Assigned:	07/16/2014	Date of Injury:	11/05/2009
Decision Date:	09/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Rehabilitation, 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:

The injured worker is a 66-year-old female who reported an injury on 11/05/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 03/18/2014 is handwritten and hard to decipher. The clinical note indicated diagnoses of status post right knee arthroscopy x2, status post right carpal tunnel release x2, ligamentous sprain of right elbow, depression, impingement syndrome of right shoulder, and osteochondritis of the medial tibial plateau. The injured worker reported right shoulder pain that was moderate that radiated to the upper extremities and cervical spine, affecting her activities of daily living. The injured worker reported bilateral wrist hand pain that was moderate that radiated with numbness and tingling that affected her activities of daily living. The injured worker reported she had not been able to sleep due to moderate to severe pain of the cervical spine. The injured worker reported the pain is traveling from the right shoulder up to the cervical spine. On physical examination of the lumbar spine, the injured worker had tenderness with spasms and decreased range of motion and a positive Kemp's test. The examination of the right shoulder revealed tenderness to palpation with decreased range of motion. The examination of the bilateral wrists revealed tenderness to palpation with decreased range of motion. The injured worker ambulated with a limp favoring her left side and reported pain with full gait. The injured worker's treatment plan included request for a cane, authorization for Keflex, and the injured worker received a prescription for Motrin. The injured worker's prior treatments were not included for review in the documentation submitted. The injured worker's medication regimen included Motrin. The provider submitted a request for Motrin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #100 t.i.d.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects, NONSELECTIVE NSAIDS Page(s): 67-68, 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Motrin 800mg #100 t.i.d. is not medically necessary. The CA MTUS Guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of the Motrin. In addition, there is a lack of a quantified pain assessment done by the injured worker. Moreover, it was not indicated how long the injured worker had been utilizing the Motrin. Therefore, the request for Motrin 800mg #100 t.i.d. is not medically necessary.