

Case Number:	CM14-0198354		
Date Assigned:	12/08/2014	Date of Injury:	02/17/2014
Decision Date:	02/04/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 46-year-old woman who sustained a work-related injury on February 17, 2014 . Subsequently, the patient developed a chronic shoulder pain for which he was treated with surgery physical therapy . According to a progress report dated on September 15, 2014 , the patient was complaining of ongoing shoulder pain which worsened after surgery. The patient severity over the left shoulder was 9/10 . The patient physical examination demonstrated left shoulder tenderness with reduced range of motion and positive impingement sign. The patient was treated with physical therapy and Norco without full control of the pain. The patient was diagnosed with left shoulder disease. The provider requested authorization for Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, Motrin is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest

period of time. There is no documentation that the shortest and the lowest dose of Motrin was requested. There is no documentation of an acute/subacute inflammatory process. Therefore, the prescription of Motrin 800 mg is not medically necessary.