

Case Number:	CM15-0105433		
Date Assigned:	07/17/2015	Date of Injury:	08/04/2013
Decision Date:	08/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic mid back and shoulder pain reportedly associated with an industrial injury of August 4, 2013. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for Motrin while conditionally denying a request for a shoulder corticosteroid injection. The claims administrator referenced a January 14, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On May 15, 2015, twelve sessions of physical therapy, Motrin, and a psychology consultation were endorsed while the applicant was placed off of work, on total temporary disability. Multifocal complaints of low back, mid back, knee, and shoulder pain were reported. Both a psychology consultation and a pain management consultation were sought. No seeming discussion of medication efficacy transpired on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Motrin, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the May 15, 2015 progress note referenced above failed to incorporate any discussion on medication efficacy. Multifocal pain complaints as high as 6/10 were reported, despite ongoing Motrin usage. The applicant remained off of work, on total temporary disability; it was reported on that date. The applicant remained dependent on other forms of medical treatment, including psychological counseling, physical therapy, etc. The attending provider failed to outline quantifiable decrements in pain (if any) effected as a result of ongoing Motrin usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Motrin. Therefore, the request is not medically necessary.