

Case Number:	CM15-0105820		
Date Assigned:	06/10/2015	Date of Injury:	07/02/2010
Decision Date:	07/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: Connecticut, California, Virginia
 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 injured worker is a 67 year old female, who sustained an industrial injury on 7/2/10. She has reported initial complaints of cervical spine, bilateral shoulders and bilateral knee injuries after a slip and fall injury at work. The diagnoses have included status post right total arthroscopy, left distal radius fracture, status post left total shoulder arthroplasty, bilateral cervical radiculopathy, bilateral knee internal derangement, left shoulder impingement with labral tear and right shoulder rotator cuff tear with glenohumeral arthritis. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, occupational therapy, and other modalities. Currently, as per the physician progress note dated 3/20/15, the injured worker complains of neck pain with associated headaches as well as bilateral shoulder pain that radiates down the mid scapular region, low back pain that radiates down the right leg and bilateral knee pain. The pain is rated 1-2/10 with medications and 5-7/10 without medications. The physical exam reveals that there is prominent hardware that is palpable over the right knee with well-healed incision, palpable tenderness over the medial joint line of the left knee, and here is mild varus deformity of the left knee patella-femoral joint. There is decreased range of motion in flexion and extension to the bilateral knees. There is non-specific pain upon meniscal testing. The current medications included Trazadone, Amitiza, Effexor, Restoril, Robaxin, Ibuprofen, and Ultram. There is no previous urine drug screen report noted in the records. There are previous diagnostic studies noted in the records and there are previous therapy sessions noted. The physician requested treatment included Motrin Tab 800 MG #90 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin Tab 800 MG #90: Upheld

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): 67-68.

Decision rationale: Utilization of maximum (800mg) dosing of ibuprofen in chronic pain is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, utilization review has reasonably modified the request for Motrin 800mg tablets in order to facilitate documentation of clear efficacy. Because it is important to clearly document evidence of pain and functional improvement in order to ensure that the benefit of treatment outweighs the risk, the initial quantity of medication requested is not considered medically necessary without further documentation.