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| Case Number: | CM15-0108160 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 06/05/2013 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27 year old male who sustained an industrial injury on 06/05/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include x-rays of the thoracic spine, right shoulder/wrist/ankle, and left knee on 01/15/15. Current complaints include upper and mid back pain and right shoulder/wrist/knee/ankle. Current diagnoses include thoracic sprain/strain, right shoulder sprain/strain/impingement syndrome, right wrist sprain/strain, right knee sprain/strain, and right ankle sprain/strain. In a progress note dated 04/14/15 the treating provider reports the plan of care as medications including Naproxen, Pantoprazole, Zolpidem, Alprazolam, and Motrin. The requested treatment includes Motrin. Motrin and Naproxen are the same classification medications, non-steroidal anti-inflammatory agent and should not be given together.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Motrin 800mg #60, 1 tablet by mouth as needed twice a day -- DOS 4/14/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. It is unclear why two concurrent NSAIDs (Naproxen and Motrin) are provided, posing increased risk. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Retrospective; Motrin 800mg #60, 1 tablet by mouth as needed twice a day -- DOS 4/14/15 is not medically necessary or appropriate.