

Case Number:	CM15-0137392		
Date Assigned:	07/27/2015	Date of Injury:	11/06/2013
Decision Date:	08/21/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year-old male, who sustained an industrial injury on 11/06/2013. Diagnoses include discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches, status post concussion, right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation and bicipital tendonitis, ulnar nerve neuritis on the right, right carpal tunnel syndrome. Treatment to date has included surgical intervention of the right shoulder on 5/15/2014 as well as conservative treatment including medications and trigger point injections. Per the Primary Treating Physician's Progress Report dated 5/06/2015, the injured worker reported severe pain in the trapezius on the right. He is requesting trigger point injection today. He needs refill of medication to be functional. He also reports headaches and neck pain. Objective findings included tenderness across the trapezius bilaterally. He has pain along the facet and pain with facet loading at C3-C7 bilaterally, more on the right. He received a trigger point injection. The plan of care included medication management and authorization was requested for Ibuprofen 800mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin (Ibuprofen) 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 72.

Decision rationale: According to MTUS 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 used. There is no clear documentation of pain and functional improvement with NSAID use. There is no rationale from using Motrin and Naproxen in this case. Therefore, the prescription of Motrin (Ibuprofen) 800mg, #90 is not medically necessary.