

Case Number:	CM15-0164714		
Date Assigned:	09/02/2015	Date of Injury:	10/22/2012
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on October 22, 2012. He reported left shoulder pain. Treatment to date has included medication, physical therapy, surgery, intra-articular cortisone injection and MRI. Currently, the injured worker complains of neck and shoulder pain that radiates down his left arm and is rated at 3 on 10. The injured worker is currently diagnosed with shoulder pain, super labral tear and adhesive capsulitis shoulder. A note dated April 9, 2014, and revised on July 16, 2015, states the injured worker did well with physical therapy until his arm was torqued by a therapist, which resulted in increased pain and decreased range of motion. The note also states the injured worker experienced excellent relief from pain and improved range of motion from the cortisone injection. The medication, Motrin 600 mg #100 with one refill is requested to decrease inflammation and alleviate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #100 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not noted. Continued use of Motrin is not medically necessary.