

Case Number:	CM15-0167845		
Date Assigned:	09/08/2015	Date of Injury:	11/17/2006
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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, Hawaii

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 43-year-old male with an industrial injury dated 11-17-2006. His diagnosis was carpal tunnel syndrome. Prior treatment included home exercise program and medications. He presents on 06-10-2015 with complaints of neck pain, which had worsened since last visit. He rates the pain with medications as 3 out of 10 and without medications as 6-7 out of 10. He was working full time. The provider documented the injured worker had chronic pain in low back times three year post artificial disc with pain in neck and right arm. The provider documents "we tried stopping meds. Patient found pain too severe and had to miss work." Physical exam noted intact sensation with weakness at cervical 5 and 6 myotomes. His medications included Norco, Flexeril and Ibuprofen. The treatment request is for: Motrin tablets 800 mg #30; Flexeril tablets 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin tablets 800mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the neck and right arm. The current request is for Motrin tablets 800mg #30. The treating physician reports provided for review were partially illegible. The report dated 8/13/15 (24) notes that the patient is working full time. Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided show the patient has been taking Ibuprofen since at least 11/5/14 (33B). In this case, the patient's pain level decreases from 7-8/10 to 4-5/10 while on current medication. Furthermore, the patient's medication regimen I allows him to return to work full time and perform ADL's. The current request is medically necessary.

Flexeril tablets 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the low back, neck and right arm. The current request is for Motrin tablets 800mg #30. The treating physician reports provided for review were partially illegible. The report dated 8/13/15 (24) provides no rationale for the current request. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 11/5/14 (33B). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.