

<b>Case Number:</b>	CM15-0169584		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 44 year old female, who sustained an industrial injury on September 4, 2014, incurring injuries to both shoulders. The injured worker had no past history of shoulder trauma or injuries. She was diagnosed with impingement syndrome of the right shoulder. On September 25, 2014, x-rays of both shoulders performed, were unremarkable. Treatment included ice, oral steroid medications, and steroid injections for the right shoulder, anti-inflammatory drugs, and physical therapy and activity restrictions. Physical therapy made her pain worse rather than improving her symptoms. Currently, the injured worker complained of bilateral shoulder pain radiating into the neck, arm and hand with swelling, grinding, weakness and numbness. The right shoulder was rated 5 out of 10 on a pain scale and the left shoulder was rated 7 out of 10 on a pain scale. The pain was aggravated by pushing, pulling and lifting. The treatment plan that was requested for authorization included a prescription for Motrin with three refills. On August 4, 2015, the request for a prescription for Motrin was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600mg #180 with 3 refills (07/27/15): 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**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 NSAIDs for several months. It was noted in 12514 the claimant was actually getting GI upset with NSAIDS and plan was to discontinue them. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.