

Case Number:	CM15-0188233		
Date Assigned:	09/30/2015	Date of Injury:	04/24/2013
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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 48 year old female who sustained an industrial injury on 04-24-2013. According to a progress report dated 08-18-2015, the injured worker reported mild pillar pain. Most of the pain was in the right wrist and elbow. The hand carpal tunnel pain was better. She also reported right neck and shoulder pain. Elbow pain was unchanged. Painful areas of the right upper extremity included the right elbow along the olecranon area and right wrist over the volar aspect. Current medications included Atorvastatin, Ibuprofen, Norco and Pepcid. Diagnoses included medial nerve lesion not elsewhere classified, tenosynovitis of hand and wrist not elsewhere classified and spasm of muscle. The injured worker continued to work at full duty. The treatment plan included Topamax, Norco (getting from other provider) and Motrin. An authorization request dated 08-18-2015 was submitted for review. The requested services included Motrin 600 mg #60, Norco 10-325 mg #30 and Topamax 100 mg #60. Documentation shows use of Motrin, Norco and Topamax dating back to March 2015. On 09-23-2015, Utilization Review non-certified the request for Motrin 600 mg quantity 60 and certified the request for Norco and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600 mg Qty 60: 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 Motrin/NSAIDs for several months along with opioids (Norco). There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.