

Case Number:	CM15-0193862		
Date Assigned:	11/03/2015	Date of Injury:	07/22/1999
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 56-year-old female, who sustained an industrial injury, July 22, 1999. The injured worker was undergoing treatment for neck and shoulder pain. According to progress note of August 6, 2015, the injured worker's chief complaint was bilateral shoulder pain. The injured worker rated the pain at 9 out of 10 with pain medications and 10 out of 10 without medications. The pain was generally unchanged from the last visit. The physical exam noted restricted movements with flexion limited to 150 degrees, extension limited to 230 degrees and abduction limited to 145 degrees, limited by pain. The Hawkin's test was positive. The Neer's test was positive. The Speed's test was positive. Yergason's test was positive. The injured worker previously received the following treatments cervical spine x-ray, Norco, Voltaren, Neurontin, Motrin 800mg #60 April 23, 2015 since April 23, 2015; Lorzone 375mg #60 since June 2, 2015 and Trazodone 100mg #30 since April 23, 2015 since June 2, 2015, physical therapy. The RFA (request for authorization) dated August 6, 2015; the following treatments were requested Motrin 800mg #60 Lorzone 375mg #60 and September 10, 2015 and Trazodone 100mg #30. The UR (utilization review board) denied certification on September 30, 2015; for prescriptions for Motrin 800mg #60 Lorzone 375mg #60 and September 10, 2015 and Trazodone 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Anti-inflammatory Medications.

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

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. In this case, the use of Motrin has reduced the injured workers pain and enabled him to continue working. Motrin is indicated in this case, however, 5 refills is not supported as the injured worker should be closely monitored for continued efficacy and possible side effects. The request for Motrin 800mg #60 with 5 refills is determined to not be medically necessary.

Lorzone 375mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Lorzone® (chlorzoxazone) Section.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. In this case, the use of Motrin has reduced the injured workers pain and enabled him to continue working. Motrin is indicated in this case, however, 5 refills is not supported as the injured worker should be closely monitored for continued efficacy and possible side effects. The request for Motrin 800mg #60 with 5 refills is determined to not be medically necessary.