

<b>Case Number:</b>	CM15-0202934		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/01/1999
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 female, who sustained an industrial injury on 6-1-99. The injured worker was diagnosed as having bilateral cervical facet joint pain at C2-4, cervical facet joint arthropathy, chronic neck pain, bilateral carpal tunnel syndrome with a positive nerve conduction study, bilateral upper extremity repetitive injury, and bilateral upper extremity myofascial pain. Treatment to date has included at least 4 physical therapy visits, chiropractic treatment, use of a left wrist brace, and medication including Motrin. Physical examination findings on 9-8-15 included tenderness to palpation of bilateral cervical paraspinal muscles at C2-4 and bilateral upper extremities. Cervical ranges of motion were restricted by pain in all directions. The injured worker had been taking Motrin since at least April 2015. On 9-3-15 was rated as 4 of 10. On 9-8-15, the injured worker complained of neck pain and bilateral hand pain. On 9-8-15, the treating physician requested authorization for a follow up visit 2 weeks after injection and Motrin 800mg #270. On 9-25-15, the request for Motrin 800mg #270 was modified to certify a quantity of 90. The other request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visit two weeks after injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This 43 year old female has complained of neck pain and wrist pain since date of injury 6/1/1999. She has been treated with physical therapy, chiropractic therapy and medications. The current request is for follow up visit after injection (facet medial branch blocks at C2-3 and C3-4). The available medical records document that the requested facet medial branch blocks at C2-3 and C3-4 have been indicated as not medically necessary. A follow visit after this requested injection therefore is also not indicated as medically necessary. Based on the available medical documentation and per the guidelines cited above, follow up visit after injection is not indicated as medically necessary.

**Motrin 800mg QTY 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Functional improvement measures.

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

**Decision rationale:** This 43 year old female has complained of neck pain and wrist pain since date of injury 6/1/1999. She has been treated with physical therapy, chiropractic therapy and medications to include NSAIDS for at least 8 weeks duration. The current request is for Motrin. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 8 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. Based on this lack of documentation, Motrin is not indicated as medically necessary in this patient.