

Case Number:	CM15-0204770		
Date Assigned:	10/21/2015	Date of Injury:	04/01/2014
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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 is a 40 year old female, who sustained an industrial injury on 4-1-2014. Medical records indicate the worker is undergoing treatment for right shoulder impingement syndrome, rotator cuff tendinopathy and cervical-dorsal myofascial pain. A recent progress report dated 8-25-2015, reported the injured worker complained of right shoulder pain, stiffness and weakness. Physical examination revealed right shoulder antero-lateral aspect tenderness with positive impingement sign. Treatment to date has included physical therapy and medication management. The physician is requesting Motrin 800mg #60 with 2 refills. On 9-15-2015, the Utilization Review modified the request for Motrin 800mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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

Decision rationale: The requested Motrin 800mg, #60 with 2 refills, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has right shoulder pain, stiffness and weakness. Physical examination revealed right shoulder antero-lateral aspect tenderness with positive impingement sign. The treating physician has documented sufficient evidence of ongoing inflammatory conditions. The criteria noted above having been met, Motrin 800mg, #60 with 2 refills is medically necessary.