

<b>Case Number:</b>	CM15-0020182		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on 4/29/13. He has reported neck, back, bilateral upper extremities and bilateral knee injuries. The diagnoses have included other lumbago, lumbar spine strain, right wrist strain, cervicgia, and affections of shoulder region, pain in limb, and pain in joint lower leg, internal derangement left knee, osteoarthritis, and dysthymic disorder. Treatment to date has included medications, physical therapy and acupuncture. Surgery included left knee surgery 7/8/14. Currently, the injured worker complains of left shoulder pain which has improved slowly with physical therapy at home. He rates the pain 5/10 on pain scale. He states that the right wrist and left knee symptoms have improved but has flare ups with repetitive use of limbs. The symptoms improve with rest and anti-inflammatory medications. Physical exam revealed left shoulder tenderness to palpation, decreased range of motion, painful arch of rotation and positive Neer sign. The left knee exam revealed incision sites have healed well. There was tenderness top palpation over the joint line, flexion 120 degrees and extension -5 degrees and motor strength 4/5 with flexion and extension. The right wrist exam revealed significant tenderness to palpation over the lunate and distal radius and full range of motion with pain on hyperextension of the wrist. The current medications were not documented. There was no therapy sessions noted. The work status was total temporary disability. On 1/20/15 Utilization Review non-certified a request for Motrin 800mg 1 tab PO twice a day #60, noting there was lack of documentation providing subjective functional improvement with prescribed medication. The documentation does not show how long the

injured worker has been using Motrin as the guidelines recommend short term treatment. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Motrin 800mg 1 tab PO twice a day #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for wrist and knee symptoms increased with repetitive use and improved with anti-inflammatory medication. He has findings of shoulder impingement and treatments had included right knee surgery. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.