

Case Number:	CM15-0025112		
Date Assigned:	02/17/2015	Date of Injury:	10/01/2012
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 1, 2012. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve a request for Motrin. The claims administrator referenced an RFA form received on January 30, 2015 in its determination. The applicant's attorney subsequently appealed. Motrin was prescribed via July 10, 2014 RFA form. A handwritten note dated May 27, 2014 was somewhat difficult to follow but did suggest that the applicant was working despite complaints of shoulder and wrist pain. An October 21, 2014 progress note was likewise notable for comments that the applicant was working with the restrictions in place, at a rate of six hours a day. A handwritten note of August 12, 2014 suggested that the applicant's pain complaints were scored 2/10 following as needed usage of Motrin. On December 19, 2014, the attending provider reported that Motrin and gabapentin were coactively reaching the applicant's pain complaints from 10/10 without medications to 6-7/10 with medications. The applicant was still working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 22.

Decision rationale: Yes, the request for Motrin, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medication such as Motrin do represent the traditional first-line treatment for various chronic pain conditions, including a chronic pain syndrome reportedly present here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was deriving appropriate analgesia from ongoing Motrin usage. The attending provider reported on several occasions, referenced above. The applicant had achieved and/or maintained full-time work status with the same, it was further noted. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.