

Case Number:	CM15-0036496		
Date Assigned:	03/05/2015	Date of Injury:	04/26/2013
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 female, who sustained an industrial injury on 04/26/2013. The diagnoses have included cervical strain with right upper extremity radiculopathy per positive electromyography/nerve conduction studies, right shoulder bursitis, mild left shoulder bursitis, and right carpal tunnel syndrome. Noted treatments to date have included medications. No MRI report noted in received medical records. In a progress note dated 01/21/2015, the injured worker presented with complaints of aching bilateral wrist pain, neck pain, and persistent arm pain. The treating physician reported the injured worker has been taking ibuprofen which she states helps sometimes. Utilization Review determination on 02/12/2015 non-certified the request for Motrin 800mg #90 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement to support ongoing use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested Motrin is not medically necessary.