

Case Number:	CM15-0051746		
Date Assigned:	04/17/2015	Date of Injury:	11/19/2013
Decision Date:	05/18/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/19/2015

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: New York, Tennessee
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 43 year old male, who sustained an industrial injury on November 19, 2013. He reported head, neck, left shoulder, left ankle and left foot contusions, left foot pain, neck pain and head pain. The injured worker was diagnosed as having left upper and lower extremity radiculitis, head injury with epidural hematoma, neck pain and pain in the limb. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain, left foot pain and head pain with associated headaches and radiating pain, tingling and numbness to the foot and left shoulder and arm. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 25, 2014, revealed continued pain. A follow up range of motion exam and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Motrin is ibuprofen, a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long-term use may not be warranted. For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case, the patient had been receiving NSAID medication since at least July 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized. Therefore, the requested medical treatment is not medically necessary.

1 Follow-up visit with range of motion measurement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper back, Flexibility.

Decision rationale: Computerized range of motion assessment is a measure of flexibility. It is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between back range of motion measures and functional ability is weak or nonexistent. Range of motions measurement is not recommended. The request should not be authorized. Therefore, the requested medical treatment is not medically necessary.