

Case Number:	CM15-0054733		
Date Assigned:	03/30/2015	Date of Injury:	03/18/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained a work/ industrial injury on 3/18/14. He has reported initial symptoms of right shoulder pain. The injured worker was diagnosed as having impingement of right shoulder. Treatments to date included medication, surgery (right shoulder reconstruction 7/21/14), and home exercise program. Currently, the injured worker complains of weakness in the right arm, s/p right shoulder reconstruction. The orthopedic report from 1/30/15 indicated the right shoulder is forward flexed at 170 degrees, abduction was 150 degrees and continues to be 4/5 strength in the right shoulder girdle muscles with mild pain at extremes of motion. On 2/20/15 per orthopedic consultation report, there was exacerbation of the right shoulder pain due to home exercise, gym program. There was positive impingement sign. A cortisone injection was given and order was to continue the anti-inflammatory medicines. Treatment plan included Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg, three times a day, #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, he had been using NSAIDs chronically over many months following his injury about 1 year prior to this request, using high doses of Motrin three times daily, which comes with higher risks the longer it is used. Considering NSAIDs should not be used chronically as such and due to a lack of sufficient reporting in the documentation of pain levels and functional abilities with and without the use of Motrin as prescribed, the continuation of Motrin will be considered not medically necessary.