

Case Number:	CM15-0054833		
Date Assigned:	03/30/2015	Date of Injury:	04/26/2012
Decision Date:	05/06/2015	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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old female, who sustained an industrial injury on 4/26/2012. She reported injuries from a fall. The injured worker was diagnosed as having status post-bilateral knee arthroscopy, bilateral carpal tunnel syndrome, bilateral shoulder bursitis, cervical strain and lumbar strain. There is no record of a recent diagnostic study. Treatment to date has included surgery, knee injections, and therapy and medication management. In a progress note dated 2/26/2015, the injured worker complains of bilateral knee pain, back pain and bilateral shoulder and wrist pain. The treating physician is requesting Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 one po tid prn with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

Decision rationale: The patient presents with bilateral shoulder, wrist and knee pain. The current request is for Motrin 800mg #90 one po tid prn with 3 refills. The treating physician states, "The patient complains of right knee pain that she rates at 8 out of 10. She has left knee pain that she rates at 7 out of 10. She has neck pain that she rates at 6 out of 10. She has back pain that she rates at 5 out of 10. She also complains of bilateral shoulder and hand pain that she rates at 7 out of 10. The patient is taking prescribed medications. She is not attending any form of therapy. She is not working. Today I will prescribe the patient medication to decrease her symptoms, Motrin, will be utilized for anti-inflammatory affect." (B.5-7) The MTUS guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the treating physician has prescribed a trial of Motrin, which is recommended by MTUS as a first line option for pain management. The current request is medically necessary and the recommendation is for authorization.