

Case Number:	CM14-0130685		
Date Assigned:	08/20/2014	Date of Injury:	07/16/2014
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 7/16/14. A utilization review determination dated 8/6/14 recommends non-certification of Motrin and oxycodone. The 7/24/14 medical report identifies that the patient sustained a left closed distal tibial impaction fracture, right scapular fracture, and left elbow dislocation with distal humerus fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 72, 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs 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, the patient is noted to have a recent injury involving multiple fractures and a dislocation. This is a significant injury expected to cause severe pain and a course of NSAIDs is appropriate to control

pain and inflammation. In light of the above, the currently requested Motrin is medically necessary.

Oxycodone 5mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, and 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: Regarding the request for oxycodone, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, the patient is noted to have a recent injury involving multiple fractures and a dislocation. This is a significant injury expected to cause severe pain and a course of opioids is appropriate to control pain. In light of the above, the currently requested oxycodone is medically necessary.