

Case Number:	CM14-0162320		
Date Assigned:	10/07/2014	Date of Injury:	05/04/2010
Decision Date:	10/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 and is licensed to practice in California and Washington. 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:

The injured worker is a 64-year-old male who reported injury on 05/04/2010 while the injured worker was pulling a belt through an old conveyer. Prior treatments included splinting, TENS unit, physical therapy, home exercise program (HEP), left shoulder injections, acupuncture and medications. Prior diagnostic studies included electrodiagnostic studies, an MRI and x-rays. The injured worker underwent a left shoulder arthroscopy with debridement of biceps tendon stump and frayed labrum, modified subacromial decompression with bursectomy and subpectoral proximal biceps tenodesis on 02/14/2011. The most recent documentation was dated 05/22/2014, which was an initial evaluation and examination for physical therapy. The injured worker had signs and symptoms consistent with left greater than right carpal tunnel syndrome and medial epicondylitis. The problem list included pain, weakness, joint hypo-mobility, soft tissue restriction and nerve entrapment symptoms. The documentation indicated the injured worker had been on Motrin for years for symptom control. The physical examination revealed the injured worker had forearm tenderness in the extensor greater than flexor mm group left arm. There was moderate tightness in extensor group in anterior shoulder with stretch of pectorals reproducing left hand symptoms. The neural tension testing for the median nerve was not specifically positive for reproduction of symptoms. The specific date of request could not be established through supplied documents. The injured worker had a positive Phalen's test and Tinel's test. The treatment plan was for physical therapy. There was no Request for Authorization or documented rationale for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Motrin 800 mg with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term treatment of pain. The clinical documentation submitted for review indicates the injured worker has utilized the medication for an extended duration of time. However, specific duration of use could not be established through supplied documentation. There was a lack of documentation of objective functional improvement and objective decrease in pain. The request, as submitted, failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. There was no rationale for the request. Given the above, the request for 90 tablets of Motrin 800 mg with 3 refills is not medically necessary.