

<b>Case Number:</b>	CM14-0183870		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational Medicine 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:

The patient is a 52-year-old female who has submitted a claim for rotator cuff (capsule) sprain associated with an industrial injury date of July 10, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder pain rated 5 (best), 10 (worst) and 8 (current). The pain was throbbing, aggravated by all reaching activity with right shoulder, and alleviated by use of NSAIDS twice a day and Norco at night time. Physical examination showed that the patient was only able to raise the right shoulder up to 90 degrees. An MRI showed rotator cuff tear and acromioclavicular joint arthropathy per the MRI. Treatment to date has included medications and physical therapy. Medications include ibuprofen 200 mg oral q4h, capoten 25 mg daily and Norco (dose not specified). The utilization review from October 16, 2014 denied the request for Motrin 800mg #90 with two refills because there was no indication that the dosage of 800 mg is required over a lower dose instead. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 77.

**Decision rationale:** According to CA MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Ibuprofen (motrin) is given for mild to moderate pain at a dose of 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, the patient presents with moderate to severe pain despite being on Motrin 200 mg Q4H. The patient may be given the recommended dose of 400 mg but the dose of 800 mg is not recommended by the guidelines. Therefore, the request for Motrin 800mg #90 with two refills is not medically necessary.