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| <b>Case Number:</b>   | CM14-0215670 |                              |            |
| <b>Date Assigned:</b> | 01/05/2015   | <b>Date of Injury:</b>       | 08/27/2012 |
| <b>Decision Date:</b> | 03/09/2015   | <b>UR Denial Date:</b>       | 12/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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. 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 41-year-old man who sustained a work-related injury on August 27, 2012. Subsequently, the patient developed chronic shoulder and neck pain. According to a progress report dated December 3, 2014, 2014, the patient complained of unchanged neck and right shoulder pain. Objective findings included tender right suoccipital musculature and mildly tender right coracoid process. He was able to put his right hand behind his back to the level of his waist and he can put his left hand behind his back to the mid-ribs. His right abduction and forward flexion were restricted. His neck remained unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 mg, ninety count with four 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 Naproxen Page(s): 66.

**Decision rationale:** According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Motrin was used. There is no clear documentation of pain and functional improvement with NSAID use.