

Case Number:	CM15-0106122		
Date Assigned:	06/10/2015	Date of Injury:	12/01/2012
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on December 1, 2012. He reported neck pain, mid thoracic pain and bilateral upper extremity pain with numbness in bilateral hands. The injured worker was diagnosed as having bilateral tennis elbows secondary to repetitive use of the upper limbs, bilaterally frozen shoulders secondary to disuse due to pain, thoracic back pain due to straining injury, neck pain and cervical strain, hand numbness and carpal tunnel syndrome. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain, upper back pain, headaches and bilateral hand and finger numbness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 16, 2014, revealed continued pain as noted. He complained of being weak all over and having shaky legs, shoulders and arms. He reported dizziness and requiring help with activities of daily living. Motrin was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600 mg Qty 90 with 4 refills, 1 tab 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), 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, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale). The patient has taken acetaminophen without documented treatment failure. Furthermore, there is no justification for the request for 4 refills at this time. As such, the currently requested Motrin is not medically necessary.