

Case Number:	CM15-0112543		
Date Assigned:	06/19/2015	Date of Injury:	09/09/2008
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: Preventive Medicine, Occupational 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 injured worker is a 55 year old female who sustained an industrial injury on September 9, 2008. She has reported difficulty gripping and grasping and has been diagnosed with chronic bilateral wrist symptoms worse on the right side, status post right carpal tunnel release, right median neuropathy across the hand, chronic right shoulder pain, full thickness tear of the rotator cuff, right rotator cuff repair, radiating symptoms in the right side of neck, chronic low back pain without significant radicular symptoms, chronic bilateral knee pain, AC joint arthropathy, and right de Quervain's disease. Treatment has included surgery, medications, and injections. Objective findings note range of motion with the shoulders to be about 170 degrees of abduction bilaterally. She did have weak strength in gripping and grasping. She had wrist pain with Phalen's maneuver. Finklestein's was positive on the right. The treatment request included Motrin and topical Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Analgesics Page(s): 67-68/111-113.

Decision rationale: MTUS Guidelines do not support the concurrent use of oral and topical NSAID medications. The Guidelines note that topical use can result in significant systemic levels causing the same side effects as oral NSAIDs, the concurrent use of both would be contraindicated. In addition, there is not specific documentation that oral NSAIDs have resulted in meaningful pain relief or improved function. Under these circumstances, the Motrin 800mg. #60 is not supported by Guidelines and is not medically necessary.