

Case Number:	CM15-0116671		
Date Assigned:	06/24/2015	Date of Injury:	08/19/2013
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44-year-old female, who sustained an industrial injury on 8/19/2013. She reported a seven-foot shelf collapsed onto the left shoulder, arm and hand resulting in injury to the neck, shoulder and wrist. Diagnoses include traumatic left shoulder impingement syndrome, bursitis, and tendonitis, lumbar strain with radiculitis, osteoarthritis, discogenic disease, and left ulnar nerve neuritis. She is status post left shoulder surgery repair on 1/20/15. Treatments to date include anti-inflammatory medication, joint injection, lumbar epidural steroid injections. Currently, she complained of ongoing pain in the left shoulder, neck, and low back with radiation to the lower extremities. On 5/13/15, the physical examination documented cervical tenderness and palpable trigger point with positive twitch response and decreased range of motion. The left elbow was noted to be significant for a positive Tinel's sign, tenderness, numbness and muscle wasting. Trigger point injections were administered on this date. The plan of care included Motrin 800mg tablets, one tablet twice a day, #60.

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.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs with intermittent use of opioids and muscle relaxants (Tramadol and Norflex) for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not routinely noted to justify chronic use. Continued use of Motrin is not medically necessary.