

Case Number:	CM15-0122121		
Date Assigned:	07/06/2015	Date of Injury:	02/22/2010
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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 53 year old male, who sustained an industrial injury on February 22, 2010. He reported pain in his neck, left shoulder, low back and left leg. The injured worker was diagnosed as having cervical spondylitic radiculopathy and cervical strain. Treatment to date has included surgery, medication, physical therapy and diagnostic studies. On January 14, 2015, the injured worker complained of constant throbbing, stabbing pain across his neck radiating into the back of his skull and both shoulders. Prolonged positioning and extension of his neck increased the neck pain. Physical examination revealed cervical paraspinous muscle spasm. There was tenderness to palpation along those muscles. The injured worker was noted as not working at the time of exam. On June 16, 2015, Utilization Review non-certified the request for Motrin 800 mg #90, citing California MTUS Chronic Pain Guidelines. It is noted that Motrin has been utilized on a long term basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800, 3 times daily, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: MTUS Guidelines discourage the chronic daily use of NSAID medications due to the incidence of side effects and the limited evidence that long term use is beneficial for most individuals. The Guidelines do leave room for daily use if there is well documented benefits for a particular individual, but there is no documentation that would qualify for long term daily use. There is no benefits reported secondary to the chronic use of Motrin. Under these circumstances, the Motrin 800, 3 times daily, #90 is not supported by Guidelines and is not medically necessary.