

<b>Case Number:</b>	CM15-0143601		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, North Carolina  
 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 43 year old female, who sustained an industrial injury on 04-21-2012. She has reported injury to the neck and right shoulder. The diagnoses have included neck pain; cervical strain; cervical radiculopathy; right upper extremity pain; SLAP (superior labral from anterior to posterior) tear; myalgia; chronic pain syndrome; and status post right shoulder acromioplasty, Mumford, labral repair, and biceps tenodesis, on 01-27-2015. Treatment to date has included medications, diagnostics, ice heat, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen, Norco, Naproxen, Tizanidine, Trazodone, and Omeprazole. A progress report from the treating physician, dated 07-06-2015, documented a follow-up visit with the injured worker. The injured worker reported neck and right shoulder pain; the pain is described as burning and stabbing at her neck on the right and the right shoulder; she has numbness in her right forearm and hand; her pain is rated at 4-6 out of 10 on the visual analog scale without medications, and rated at 2-3 out of 10 with medications; her pain is better with medications and standing; her pain is better since her last appointment; she has two more physical therapy appointments for the right shoulder and continues with her home exercise program; she uses ice regularly for her pain and finds it helpful; and she finds her medications to be helpful, including Tizanidine for acute flare ups of muscle spasms, Ibuprofen for inflammation, and Norco for moderate to severe pain. Objective findings included 5 out of 5 bilateral upper extremity strength; there is tenderness over the cervical paraspinals and over the facet joints at right C2-3, C3-4, and C4-5; cervical range of motion is reduced in all planes; right shoulder strength is 5 out of 5; sensations is intact; very limited active range of motion; and the

surgical incisions are well-healed without signs of infection. The treatment plan has included the request for Motrin 800mg #90; Tizanidine 6mg #90; and Ibuprofen 800mg (1 tablet every 8 hours) with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Motrin 800mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The request is for Motrin 800 mg #90, however there is also a request for Ibuprofen 800 mg every 8 hours with 3 refills. This appears to be duplication of the generic form of Motrin. Both medications would not be indicated, as they are both being prescribed at the maximum dosage. Motrin is an NSAID that guidelines state should be prescribed at the lowest dose for the shortest period of time. There is no documentation of a trial of lower dose of Motrin (200 or 400 mg) to ascertain if the effect achieved is comparable. Therefore, due the duplication of prescriptions and the lack of a trial of a lower dose of medication, this request is not medically necessary or established.

**Tizanidine 6mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS states that non-sedating muscle relaxants are recommended as a second-line option for short-term (2 weeks or less) treatment of acute exacerbation of chronic low back pain. Efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications can lead to dependence. In this case, there is no documentation of acute exacerbation of low back pain. The patient has neck and shoulder pain. The patient has also been taking the medication chronically, which is not recommended by guidelines. Therefore the request for Tizanidine is not medically necessary or appropriate.

**Ibuprofen 800mg (1 tablet every 8 hours) with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The request is for Ibuprofen 800 mg every 8 hours with 3 refills. In this patient, there is also a simultaneous request for Motrin 800 mg #90. This appears to be a duplication of the same medication. Both medications are not indicated, since each is being prescribed at the maximum dosage. Ibuprofen is an NSAID, which in general are recommended at the lowest dose for the shortest period of time. There is no evidence that a lower dose of Ibuprofen (200 or 400 mg) has been tried in this patient. Therefore, due to the duplication of prescriptions and the lack of trial of a lower dosage of medication, this request is not medically necessary or appropriate.