

Case Number:	CM15-0028981		
Date Assigned:	02/20/2015	Date of Injury:	02/24/2009
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/17/2015

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: Connecticut, California, Virginia
 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 60 year old male, who sustained an industrial injury on February 24, 2009. The diagnoses have included right shoulder strain with bursitis and impingement and plantar fasciitis. Provided notes make it challenging to read all diagnoses due to document in handwritten format; not all is legible. Currently, the injured worker complains of foot pain. In a progress note dated December 2, 2014, the treating provider reports slow gait, much of the note is not legible. On January 15, 2015 Utilization Review non-certified a Motrin 800mg one tablet twice a day as needed with a total quantity of sixty. The Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg 1 bid prn #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-73.

Decision rationale: The patient's records indicate a history of hypertension and gastric pain per the primary treating physician's report (12/2/14). These are highly concerning findings when considering use of NSAIDs, particularly in high dose, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the complaint of gastric pain along with hypertension, it appears the risk of treatment with ibuprofen at high dose likely outweighs the benefit and therefore the treatment is not considered medically necessary.