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| Case Number: | CM15-0073976 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 10/09/2013 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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: California

Certification(s)/Specialty: Emergency 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 34 year old female, who sustained an industrial injury on 10/9/13. The injured worker has complaints of neck pain and shoulder pain. The diagnoses have included cervicalgia; C5-6 degenerative disc disease with chronic cervicalgia and probably radicular pain; chronic thoracic spine strain/sprain with pain/ myofascial pain syndrome and radiculitis. Treatment to date has included magnetic resonance imaging (MRI) of the left shoulder on 4/17/14 that showed a focal tear in the superior labrum and the glenohumeral joint trace fluid extending to the subcoracoid bursa; left shoulder X-rays on 6/2/14 showed perhaps slight superior subluxation of the distal clavicle; cervical spine magnetic resonance imaging (MRI) of 1/6/15 reported C5-6 mild disc bulge, more prominent towards the left with mild spinal canal stenosis and mild mass effect on the cord, which slightly deformed but no spinal cord signal changes and mild left foraminal stenosis; cyclobenzaprine and ibuprofen. The request was for motrin 800mg for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 MG for Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68; 72.

Decision rationale: The request is for motrin 800 mg for pain, which is a non-steroidal anti-inflammatory drug used for acute pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Acute, and especially chronic use is limited by cardiovascular, GI, renal and hepatic side-effects. Per the documentation available, the injured worker appears to have been previously utilizing motrin 800 mg for chronic pain. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. Therefore, the ongoing use of motrin is not supported by the MTUS guidelines and is not medically necessary.