

<b>Case Number:</b>	CM15-0077637		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 44 year old female who sustained an industrial injury on 2/22/11. The diagnoses have included neck pain, wrist tendonitis, limb pain, muscle pain and numbness. Treatment to date has included medications, diagnostics, transcutaneous electrical nerve stimulation (TENS), H-wave, physical therapy, rest, injections, and home exercise program (HEP). The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the upper extremities, Magnetic Resonance Imaging (MRI) of the cervical spine and ultrasound of the upper extremities. The current medications included Tylenol with codeine, Motrin, Flexeril and Lidoderm patch. Currently, as per the physician progress note dated 4/2/15, the injured worker complains of aching pain in the neck, shoulders and wrists. She reports that the medications are very helpful and tolerated well. She rates the pain 6-8/10 on pain scale which is unchanged since previous visit. Physical exam revealed minimal tenderness over the cervical spine with slightly reduced cervical range of motion in all planes. The urine drug screen dated 2/5/15 was consistent with prescribed medications. The physician requested treatment included Motrin 800 mg, ninety count with three refills for chronic intractable pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 mg, ninety count with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing pain in the neck that goes into the arm and pain in the shoulders and wrists. There was no documentation describing how often this medication was needed or taken, how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of Motrin (ibuprofen) 800mg with three refills is not medically necessary.