

Case Number:	CM14-0000417		
Date Assigned:	01/10/2014	Date of Injury:	09/07/2001
Decision Date:	04/22/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of September 7, 2001. A utilization review determination dated December 13, 2013 recommends non-certification of Motrin 800 mg #90 with 5 refills. Non-certification is recommended due to lack of documentation of decreased pain or increased function as a result of the use of Motrin. A progress report dated January 15, 2014 identifies that the patient underwent lumbar spine fusion in 2011. The note indicates that she had an AME on December 5, 2013. The note indicates that the patient's low back pain has remained unchanged, is constant, and radiates into both of her legs. The patient also has right knee pain associated with clicking and popping. She takes 12 tablets of Norco per day and Soma to control her low back symptoms. The patient also uses bio freeze to help control the low back pain. Physical examination identifies reduced range of motion in the lumbar spine as well as tenderness to palpation. The right knee identifies good range of motion with mildly positive patellar compression test and minimal tenderness to patellar tendon palpation. There is moderate joint line tenderness present. Diagnoses include degenerative disc disease of the lumbar spine, right knee lateral meniscus tear, hypertension, hypothyroidism, tobacco use, degeneration of the lumbosacral spine, lumbosacral spondylosis, among others. The treatment plan recommends a new MRI scan and consideration for additional surgery. The note recommends continuing to use a home exercise program, continuing Norco, Soma, and Motrin for inflammation. A progress note dated December 5, 2013 recommends continuing Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800MG #90, WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.