

<b>Case Number:</b>	CM14-0000673		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and is licensed to practice in Louisiana. 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:

The patient is a 43 year old male who was injured on 01/18/2012 while performing his normal occupational duties. He was on patrol in his work vehicle when he was struck by another vehicle, violently thrusting his body from side to side and possibly striking his head. He reported left shoulder pain with numbness and tingling in the left upper extremity and neck pain. Progress report dated 08/28/2013 indicated the patient completed 10 of 12 sessions of chiropractic therapy to the cervical and lumbar spine and reported increased range of motion, flexibility with slight decrease in left lower extremity pain. On examination of the lumbar spine, there is slight decrease in tenderness over the paravertebral muscles, lumbosacral junction and left SI joints. He has tenderness to palpation over the left calf. He has positive Yeoman's on the left. Flexion to 48; extension to 18; and bilateral side bending to 20. Diagnosis is lumbosacral sprain/strain with left SI sprain radiating to left lower extremity. The plan is to request a continuation of chiropractic treatment twice a week for 4 weeks. Prior utilization review dated 12/18/2013 states the request for Motrin is modified from 800 mg #90 to partial certification; Retrospective usage of generic Motrin 800 mg #90 and partial certification for prospective usage of generic Motrin 800 mg #90 from 1x6 to 1x1.

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend NSAID's for back pain as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen. Based on the information available and the guidelines, the medical necessity for this medication is not established. Therefore is not medically necessary.