

Case Number:	CM14-0012678		
Date Assigned:	02/21/2014	Date of Injury:	02/18/2000
Decision Date:	07/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 64-year old male patient with a 2/18/00 date of injury. The mechanism of injury was not provided. A 1/23/14 progress report indicated that the patient complained of increased low back pain radiating to the bilateral lower extremities with numbness and tingling to toes. He was unable to sit or walk without a walker. The patient was taking Motrin 800mg x3 per day. There was noted that the patient had intermittent headaches and gastrointestinal upset. Objective findings were the same since last visit. He was diagnosed with status post posterior fusion from L3-S1, with partial fusion at L2-3(4/28/2009) with prior laminectomy/discectomy at L3-5 (8/11/2006), and left sacroiliac joint sprain. Treatment to date: medication management. Motrin, Norco, Neurontin There is documentation of a previous 12/31/13 adverse determination, in which Motrin was modified from #120 to #90, because the prescribed dosage of Motrin at that time was effective, and there was no necessity to increase the dosage of Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 46.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, there was documentation of adverse side effects with gastrointestinal upset. In addition, there was no documentation to support significant pain relief specifically from NSAIDs. As indicated in the medical records dated 1/23/14 and 3/17/14, Motrin was not prescribed. In addition, the patient is currently taking Motrin 800 mg, 3 times a day, and to increase that to 4 times a day would put the patient at the maximum dosage and would increase adverse side effects and risk, particularly in a patient already experiencing adverse GI side effects. Therefore, the request for prospective request for 1 prescription of Motrin 800mg #120, as prescribed, was not medically necessary.