

Case Number:	CM14-0017725		
Date Assigned:	04/16/2014	Date of Injury:	09/22/2011
Decision Date:	06/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 47-year-old female who reported an injury on 09/22/2011, due to a fall. She indicated that she had bruising on her hip, back, and right elbow. The clinical note dated 12/17/2013 indicated that the injured worker was experiencing persistent low back pain with radiating symptoms to both lower extremities. The current treatment included Norco and Ibuprofen 800mg. Her diagnosis was a lumbosacral sprain/strain with right-sided L5 nerve root involvement, and cervical spine sprain/strain with equivocal Spurling's test to the right. The clinical note dated 02/12/2014 reports a current pain scale of 0/10 while on medication, an average pain of 5/10 over the last couple of months, and pain going from 6/10 down to a 0/10 with the Norco. There is no negative side effects being reported other than constipation, and that is being helped with the use of Senokot. The injured worker is said to have been taking Motrin as early as 06/04/2013. The request for authorization form was undated, and included in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST OF PRESCRIPTION FOR MOTRIN 800MG #60 DOS: 12/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 72.

Decision rationale: The California MTUS guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for relief of short term chronic pain. The lowest dose with the shortest duration should be used and consistent with the individual treatment goals. There is no long term effectiveness, and scientific based evidence proves that doses greater than 400mg does not provide a greater relief of pain. The injured worker is said to have been taking Motrin as early as 06/04/2013. The request for Motrin 800MG exceeds the recommendations of the MTUS guidelines. Therefore, the request is non-certified.