

Case Number:	CM14-0123856		
Date Assigned:	08/08/2014	Date of Injury:	03/17/2003
Decision Date:	10/02/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 65 year old female who had a work related injury on 03/17/03. The mechanism of injury is undisclosed. Prior utilization review on 07/17/14 was noncertified. Most recent clinical documentation submitted for review was dated 06/24/14 as a handwritten note the injured worker presented to the office for medication and complaints of acute low back pain with weakness in her left lower extremity. Moderate pain was rated 6/10 on visual analog scale (VAS) was documented. Physical examination decreased range of motion in the lumbar spine with increased pain in all planes, straight leg raise negative although it reproduced low back pain, some spasming in her low back. Diagnosis was lumbosacral spine sprain/strain with bilateral lower extremities pain. Current request was for Motrin 600 milligrams quantity twelve and Zantac 150 milligrams quantity sixty no clinical documentation submitted for review showed functional improvement, visual analog scales (VAS) scores with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDS, specific drug list & adverse effects, Page(s): 70.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, nonsteroidal antiinflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the patient cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Motrin 600 milligrams cannot be established as medically necessary.

Zanac 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Zantac 150mg (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Zantac 150 milligrams quantity sixty is not medically necessary. The clinical documentation submitted for review does not support the request. The main use of Zantac is for the treatment of various gastrointestinal disorders. The clinical information does not establish the presence of any of these disorders. Therefore medical necessity has not been established.