

Case Number:	CM14-0127553		
Date Assigned:	08/15/2014	Date of Injury:	07/31/2009
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal 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:

The injured worker is a 57 year old male with a history of an industrial injury occurring on July 31, 2009 due to an undisclosed mechanism of injury. He has cervical pain, low back pain, a history of arthroscopy, a history of rotator cuff tear and bilateral knee pain. Numerous sessions of physical therapy have been unsuccessful in relieving his pain on a sustained basis. The injured worker has also been on opiate therapy and prolonged use of non steroidal anti inflammatories. MRI and electrophysiological testing indicate that he is not a surgical candidate for spine surgery. There was no evidence of radiculopathy. The medical records reviewed include physician notes and utilization reviews, the latest being in June and July 2014. The current request is for 800 milligrams of Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Chronic Pain Page(s): 12.

Decision rationale: The injured has a diagnosis of chronic low back pain, bilateral knee pain and chronic pain of the cervical area and bilateral shoulders. He has had extensive treatment without much success and now his clinical condition qualifies for a diagnosis of chronic pain. It is recommended that the benefit of the requested medication specifically be documented and the patient be educated about potential side effects. In addition, a trial of an anti depressant such as a tricyclic compound may be helpful particularly if the patient has underlying depression or sleep problems, which would be at the discretion of the primary provider. Non steroidal anti inflammatory agents are considered first line in the management of chronic pain including that related to low back pathology or location. As such the request for Motrin 800 mg orally three times a day, # 90 is medically necessary.