

<b>Case Number:</b>	CM14-0159280		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 20, 2012. In a Utilization Review Report dated September 11, 2014, the claims administrator partially or conditionally approved a request for Motrin 800 mg #60 as Motrin 400 mg #60. The claims administrator, it is incidentally noted, suggested that its decision was based on an August 14, 2014 progress note. Said progress note, however, was not incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In an April 3, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the lower extremities. The applicant had complaints of insomnia and reported memory loss, it was further noted. A 20-pound lifting limitation was endorsed while Motrin was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #60, prescribed on 8/14/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Motrin do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. While it is acknowledged that the August 14, 2014 progress note on which the request in question was initiated was not seemingly incorporated into the Independent Medical Review packet, the information which is on file does suggest that the applicant was appropriately furnished with Motrin for low back pain purposes. Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that nonselective NSAIDs such as Motrin and naproxen are okay and indicated in applicants without gastrointestinal risk factors or cardiovascular disease issues. Therefore, the request is medically necessary.