

Case Number:	CM14-0170157		
Date Assigned:	11/03/2014	Date of Injury:	06/20/2012
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 41-year-old woman who sustained a work-related injury on June 20, 2012. Subsequently, she developed chronic low back pain. An MRI of the lumbar spine dated July 26, 2012 showed degenerative disc changes at L4-5 and L5-S1 with disc protrusion at L5-S1. X-ray of the lumbar spine dated November 15, 2012 showed disc space narrowing at L5-S1 with small associated ventral spurs. Prior treatments have included: medications, acupuncture therapy, physical therapy, home exercises, and hot and cold packs. According to a progress report dated September 10, 2014, the patient continued to experience back pain that would range up to a 9/10 in intensity without medication and down to a 2-3/10 with medications (Motrin, Ultracet). On examination, the patient appeared mildly depressed. She did have tenderness to palpitation at the sacroiliac joint as well as at the lumbosacral junction. She had pain with lumbar flexion and extension. The patient was diagnosed with lumbar spine degenerative disc disease, lumbago, lumbar myospasm, right sacroiliac joint pain and suspected arthropathy, and insomnia secondary to pain. The provider is requesting authorization for Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg tabs, #90 1 tab po qd pm 3 months fill, 0 refills for lumbar spine pain:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen
Page(s): 66.

Decision rationale: According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Motrin were used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Motrin 800 mg is not medically necessary.