

Case Number:	CM14-0027807		
Date Assigned:	06/13/2014	Date of Injury:	06/15/2004
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 53 year old male injured on 06/15/04 due to an undisclosed mechanism of injury. Current diagnoses include lumbar strain. The clinical note dated 02/05/14 indicated the injured worker presented complaining of increased low back pain rated at 9/10 due to the lack of medication and frustration. Physical examination of the cervical spine revealed stiffness and tightness, decreased range of motion, no radiation of pain to the upper extremities, tenderness to palpation at L4-5, decreased range of motion of the lumbar spine, straight leg raise positive bilaterally, sensation intact to bilateral lower extremities. Prescribed medications include Motrin 800mg BID and Prilosec 20mg BID for stomach protection. The initial request for Motrin 800mg #60 1 tablet orally twice daily was initially non-certified on 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800 MG #60 - 1 TABLET ORALLY TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 70.

Decision rationale: Nonsteroidal anti-inflammatory 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. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Moreover, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation of this medication. As such, the request for Motrin 800 mg #60 - 1 tablet orally twice daily cannot be established as medically necessary.