

<b>Case Number:</b>	CM14-0032688		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/30/2005
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Texas and Oklahoma. 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 28-year-old female who reported an injury on 08/30/2005. The mechanism of injury was not provided. The clinical note dated 05/13/2014 noted the injured worker presented with complaints of low back, right leg, and left foot pain, with radiation down to the bilateral legs. Prior therapy included medication and physical therapy. Upon examination of the lumbar spine there was muscle spasm noted to the paravertebral muscles and radiculopathy down to the bilateral legs and left foot. The diagnoses were history of back surgery with chronic back pain, retained hardware, and chronic opioid analgesic therapy. The provider recommended Motrin tablets 600 mg with a quantity of 120, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin tablets 600mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64,23.

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

**Decision rationale:** The request for Motrin tablets 600 mg with a quantity of 120 is non-certified. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic pain relief. The injured worker has been prescribed Motrin since at least 11/2013; the efficacy of the medication was not provided. A complete and adequate pain assessment of the injured worker was not provided. The provider's request did not indicate the frequency of the medication. As such, the request is non-certified.