

Case Number:	CM14-0033745		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2007
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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, 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 43-year-old male who reported an injury on July 6, 2007 due to a box slipping out of his grasp and twisting. The injured worker complained of increased pain of the lower back with pain down the anterior and posterior thighs. The injured worker rated his pain at a 7/10 on VAS (visual analog scale). Physical examination revealed tenderness to palpation of the paravertebral muscles, bilaterally. Range of motion showed a flexion of 46 degrees, extension of 19 degrees, left lateral bend of 24 degrees and a right lateral bend of 25 degrees. Motor power was 5/5 to the right and left. The injured worker has diagnoses of status post hardware removal with subsequent wound infection and pulmonary embolism, post-operative bilateral lumbar radiculopathy, status post L5-S1 fusion with persistent pain and scar allodynia at the abdominal incision. The injured worker has had aquatic therapy and medications in the past. Medications to include Norco 10/325mg 1 tablet 3 times a day, Motrin 800mg 1 tablet 2 times a day, Restoril 30mg 1 capsule 2 times a day and Zanaflex 4mg 1 tablet 2 times a day. Urinalysis was last reported on August 5, 2013. The treatment plan is for Motrin 800mg #90. The rationale was not submitted for review. The request for authorization form was submitted on January 28, 2014 by Jame Lanier, PA17132.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22..

Decision rationale: The injured worker complained of increased pain of the lower back with pain down the anterior and posterior thighs. The injured worker rated his pain at a 7/10 on VAS (visual analog scale). The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend anti-inflammatories as the traditional first line treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs in chronic LBP (low back pain). The report submitted revealed lack of updated documentation on the functionality of the Motrin's effectiveness. There was no evidence reporting the injured workers measurable pain rate prior to the medication and pain rate after. There was a lack of documentation showing whether the Motrin helped with the injured workers functional deficits. Furthermore, guidelines recommend anti-inflammatories for first line treatment, but do not recommend long-term. Submitted reports indicate that the injured worker has been on the requested medication since July 29, 2013. The request for Motrin 800mg, ninety count, is not medically necessary or appropriate.