

Case Number:	CM14-0049011		
Date Assigned:	07/07/2014	Date of Injury:	03/29/2002
Decision Date:	10/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Nevada. 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 records presented for review indicate that this 40-year-old female was reportedly injured on March 29, 2002. The mechanism of injury is stated to be the onset of low back pain while putting away parts. The most recent progress note, dated June 9, 2014, indicates that there were ongoing complaints of low back pain. The injured employee states that she is able to participate in more activities of daily living and do her errands for a longer period of time. The physical examination demonstrated spasms over the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. There was a positive straight leg raise test on the left side which caused pain in the L5 and S1 nerve root distributions. Diagnostic imaging studies of the lumbar spine revealed a broad-based disc protrusion at L5 - S1 and evidence of a prior left sided hemilaminectomy. Previous treatment includes a lumbar spine hemilaminectomy at L5 - S1, chiropractic care, and oral medications. A request had been made for Motrin 800 mg and Rozerem 8 mg, and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Motrin 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of anti-inflammatories for chronic low back pain is recommended as an option for short-term symptomatic relief. The injured employee has sustained a work-related injury 12 years ago and this request is for the highest strength of ibuprofen and includes 90 tablets with two refills. Considering this, and the recommendations from the guidelines, this request for Ibuprofen 800 mg is not medically necessary.

1 prescription of Rozerem 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a605038.html>

Decision rationale: According to the attached medical record, the injured employee has not stated to be having any difficulty with sleep or insomnia. Considering this, the request for Rozerem 8mg # 30 is not medically necessary.