

<b>Case Number:</b>	CM14-0070945		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Ohio. 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 46-year-old male who reported an injury on 12/04/2012 reportedly while working as the sheriff for the [REDACTED]. He injured his knees, low back, ribs, and neck. He was restraining a patient in the psych ward with the leather restraints in his left hand and the patient kicked the injured worker, making him fall forward. The injured worker's treatment history includes an MRI, surgery, physical therapy, chiropractic treatment, medications, and Functional Capacity Evaluation. The injured worker was evaluated on 05/01/2014, and it was documented that the injured worker complained of pain in his neck and low back with radiation to his upper and lower extremities with tingling/numbness, weakness, no bowel or bladder incontinence. He rated his pain at a 5/10 to 6/10. The pain was burning, sharp, shooting, tingling, numbness, stabbing, deep-pressure, tightness, and spasms. Pain was mildly elevated and was causing him significant impact on his physical and emotional life. He states that the pain impairs his ability to perform household chores, office work, drive, walk, run, and play sports. Physical examination of the lumbar cervical spine was full in flexion but limited in extension, lateral rotation, and extremities. Sensation was normal to light touch, pinprick, and temperature along all dermatomes bilateral upper and lower extremities. DTRs were 1+ bilaterally in the upper extremities. Knee tenderness on the joint line bilaterally, right greater than left. Within the documentation the provider noted injured worker who presents to comprehensive pain management center to explore different pain management options. The provider noted the injured worker's pain should be addressed in an interdisciplinary fashion, including medication optimization and physical rehabilitation. He was encouraged to stay engaged in the regimental home exercise program and continue working. Medications included Motrin 800 mg and Advil 200 mg. The provider failed to indicate VAS scale [sic] measurements

while injured worker is on current medications. Diagnoses included neck pain, low back pain, and knee pain. Request for Authorization dated 05/02/2014 was for Motrin 800 mg and for medication management follow up visits 3-4/year; however, the rationale was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Motrin 800 mg Qty:60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficiency of the Motrin for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Motrin is taken by the injured worker. In addition, the request for Motrin did not include the frequency. Given the above, the request for the Motrin 800 mg, QTY 60 is not medically necessary.

**Medication management follow up visits 3-4/year (QTY:4):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

**Decision rationale:** Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicated that the injured worker has already been seeing pain management however, conservative outcome measurements were not submitted for this review. The request lacks evidence on why the injured worker needs medication management follow-up visits 3-4/year. Therefore, the request for medication management follow-up visits 3-4/ year (QTY 4) is not medically necessary.

