

<b>Case Number:</b>	CM14-0086540		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Management 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:

This is a patient with a date of injury of 2/6/13. A utilization review determination dated 5/27/14 recommends modification of PT to 4 sessions and Motrin to a maximum of 60 days. 4/29/14 PT report notes completion of 6 PT sessions. 5/13/14 medical report identifies low back pain with numbness and tingling on the outside of the left thigh. She had improvement in the low back with the recent sessions of PT. She utilizes Motrin 800 mg on a daily basis for pain relief and does not have any side effects. On exam, there is tenderness to palpation in the lumbar paraspinous region with loss of forward flexion and extension. Treatment plan includes 6 additional PT sessions to the lumbar spine. Motrin was noted to be effective for pain relief and improvement of the patient's ability to perform daily activity with no side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times a Week for 3 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127.

**Decision rationale:** Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at

home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 6 recent PT sessions with improvement noted. The prior utilization report modified the request from 6 sessions to 4 sessions, which is consistent with the recommendations of the CA MTUS; however, unfortunately, there is no provision for modification of the current request to do the same. In light of the above, the currently requested physical therapy is not medically necessary.

**Motrin 800 Mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 67-72 of 127 Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Motrin is providing analgesic benefit and functional improvement. The utilization reviewer modified the request to a maximum of a 60-day supply and it should be noted that, at an appropriate dosage, the current request for 800 mg #90 would not likely exceed that recommendation and the provider has noted that the patient utilizes the medication every day. In light of the above, the currently requested Motrin is medically necessary.