

Case Number:	CM14-0196371		
Date Assigned:	12/03/2014	Date of Injury:	03/14/2012
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with an injury date of 03/14/12. Based on the 10/28/14 progress report, the patient complains of low back pain that radiates to the left toes, neck pain that radiates to his right arm, and headaches. Patient reports his pain rated 5/10 with, and 8/10 without his medications, per treater report dated 09/02/14. Physical examination on 10/28/14 revealed tenderness and muscle spasms of lumbar paraspinal muscles and positive straight leg raise on the left. Patient had a lumbar epidural steroid injection 06/11/13, which reduced his pain by 50%. Treater states in progress report dated 09/02/14 "we are weaning off Nucynta." Per treater report dated 10/28/14, patient has been taking Nucynta and Norco, but it was denied by insurance company. "As a result, he is taking Motrin and Aleve." Patient's medications include Horizant, Ibuprofen, Aleve, and Butrans. Treater states that he'll keep patient on "Ibuprofen 800mg tid prn." Guidelines have been quoted without further discussion. Per progress report dated 10/28/14, patient may work with restrictions. MRI of lumbar spine 12/19/12 per progress report of 10/28/14 showed a disc bulge at L#-4 with a right paracentral annular fissure and left annular fissure at L5-S1. MRI of cervical spine 09/22/12 per progress report of 10/28/14 showed mild to moderate degenerate spondylosis resulting in mild canal narrowing at C3-4 and disc bulge at C5-6. There was also foraminal narrowing at C3-4 and C5-6. Diagnosis 09/02/14, 10/28/14: 1) Neck pain, 2) Cervical disc disease, 3) Cervical radiculopathy, 4) Low back pain, 5) Lumbar disc disease, 6) Lumbar spondylolisthesis, 7) Lumbar radiculitis. The utilization review determination being challenged is dated 11/10/14. The rationale is "NSAID use is recommended only for short periods of time for back pain, he has been using this for some time and the use should become intermittent." Treatment reports were provided from 01/10/13 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin Tab 800 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Medication for chronic pain Page(s): 22, 60.

Decision rationale: Patient presents with low back pain that radiates to the left toes, neck pain that radiates to his right arm, and headaches. The request is for MOTRIN TAB 800 MG #90. Patient had a lumbar epidural steroid injection 06/11/13, which reduced his pain by 50%, however he still has chronic pain. Patient's diagnosis on 10/28/14 included cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar spondylolisthesis and lumbar radiculitis. Patient's medications include Horizant, Ibuprofen, Aleve, and Butrans. Per progress report dated 10/28/14, patient may work with restrictions. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 11/10/14 states "NSAID use is recommended only for short periods of time for back pain, he has been using this for some time and the use should become intermittent." Treater states in progress report dated 09/02/14 "we are weaning off Nucynta." Per treater report dated 10/28/14, patient has been taking Nucynta and Norco, but it was denied by insurance company. "As a result, he is taking Motrin and Aleve." Patient reports his pain rated 5/10 with, and 8/10 without his medications, per treater report dated 09/02/14. Treater states in progress report dated 09/02/14 "we are weaning off Nucynta." Patient has been weaning off opiates and patient is benefiting from Motrin to address his pain symptoms, which are indicated by guidelines. The request is medically necessary.