

Case Number:	CM15-0001784		
Date Assigned:	01/12/2015	Date of Injury:	05/24/2012
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 33 year old male sustained work related industrial injuries on May 24, 2012. The injured worker subsequently complained of lower back pain. The injured worker was diagnosed and treated for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac arthropathy, and post annular tear at L4-L5. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, chiropractic treatment, home exercise therapy, consultations and periodic follow up visits. Per treating provider report dated 11/7/14, the injured worker currently complains of pain in lumbar spine with occasional radiation to the right leg with associated soreness. Physical exam revealed antalgic gait to the right. There was diffused and facet tenderness in the lumbar spine noted on exam. Sacroiliac tests were positive on the right and Kemp's test was positive on right and left. The treating physician prescribed Motrin 800mg, 1 by mouth twice a day #60 now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for Motrin 800mg, 1 by mouth twice a day #60. Upon review of the clinical information, UR non-certified the request for Motrin 800mg, 1 by mouth twice a day #60, noting the lack of clinical documentation regarding acute exacerbation of pain to support medical necessity. The MTUS was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Motrin 800mg, 1 by mouth twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, 1 by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg one tablet b.i.d. #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. However the main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; right sacroiliac arthropathy; and post annular tear at L4-L5. Subjectively, the injured worker complains of lumbar spine pain 5/10. Pain occasionally radiates to the right leg. Objectively, there is diffuse tenderness to help patient over the lumbar paraspinal muscles. Lumbar spine range of motion is decreased. There is decreased sensation in the L4 dermatome on the left. The documentation indicates Motrin (ibuprofen) has been prescribed as far back as 2012 according to an AME. An MRI of the lumbar spine in 2013 showed a 4-5 mm disc bulge at L4 - L5 and the partial annular tear with flattening of the anterior thecal sac. The documentation did not contain evidence of objective functional improvement associated with ongoing long-term Motrin use. Additionally, nonsteroidal anti-inflammatory drugs are indicated at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker has been using Motrin (ibuprofen) in excess of two years. Consequently, absent clinical documentation and evidence of objective functional improvement to support the ongoing use of Motrin (ibuprofen), ibuprofen 800 mg one tablet b.i.d. #60 is not medically necessary.