MAXIMUS Federal Services

Case Number:	CM15-0108051		
Date Assigned:	06/12/2015	Date of Injury:	08/13/2013
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 41 (07/06/1974) year old male who sustained an industrial injury on 08/13/2013 resulting in low back and right leg pain. Treatment provided to date has included: physical therapy, chiropractic treatments, injections, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (09/25/2013) showing degenerative disc disease in L3-S1 and previous laminectomy with giant disc bulging at previous surgical site. Comorbid diagnoses included history of previous lumbar spine surgery (2008) and diabetes. There were no noted previous injuries or dates of injury.On 04/22/2015, physician progress report noted complaints of low back pain. No pain rating was noted, but the pain was described as radiating to the bilateral lower extremities and associated with numbness (left worse than right). According to the consultation report dated 09/11/2013, the injured worker reported that Advil, Tylenol, Aleve and Norco had provided no relief from pain. The primary physician's progress reports dated 01/29/2015 and 03/11/2015 reports that the injured worker is not currently on any medications; however, the QME/AME dated 01/20/2015 indicates that the injured worker takes over the counter ibuprofen for pain and metformin for his diabetes. The physical exam revealed tenderness to palpation of the bilateral paravertebral muscles in the lumbar spine, decreased sensation in the right L4 and S1 dermatome distributions, positive straight leg raise on the right, and slightly decreased range of motion in the lumbar spine. The provider noted diagnoses of left leg radiculopathy, and L3-S1 degenerative disc disease. Plan of care includes open MRI of the lumbar spine, a prescription for Motrin, and follow-up. The injured worker's work status temporarily totally disabled. Requested treatments include Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #90 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient supportive data to justify ongoing use of NSAIDs such as Motrin 800 mg (#90). There was no specific report found in the notes of pain level reduction and functional gain directly related to NSAID use. Regardless, chronic use of this type of medication is not generally recommended and would be particularly a higher risk with this patient who already has an increased risk of heart disease and kidney problems (uncontrolled diabetes and hypercholesterolemia). Therefore, continued use of Motrin would be inappropriate and medically unnecessary, in the opinion of this reviewer.