

Case Number:	CM15-0140886		
Date Assigned:	07/30/2015	Date of Injury:	05/09/2014
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California
 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 34 year old male who sustained a work related injury May 9, 2014. As he was loading boxes of alloy from a pallet to a shelf, he felt his tailbone snap. He was initially treated with chiropractic therapy, physical therapy, and medication. A CT sacrum coccyx, dated November 18, 2014, (report present in the medical record) revealed a right paracentral disc protrusion at L5-S1 possibly entrapping the right S1 nerve, otherwise negative CT of the pelvis, sacrum and coccyx. According to a primary treating physician's progress report, dated July 2, 2015, the injured worker presented with complaints of low back pain rated 6 out of 10 and neck pain, rated 7 out of 10. He described the neck pain as burning and radiates to the left collarbone. The low back pain is sharp at times, worse at night, with numbness in his left buttock. Electrodiagnostic studies were performed in both lower extremities and showed normal findings. Physical examination revealed; 5' 10" and 210 pounds, straight leg raise is negative bilaterally, cervical active range of motion revealed flexion and extension within normal limits and rotation 0-70 degrees bilaterally. Sensation is intact to touch throughout both lower extremities. He ambulates independently without any assistive device, with a slightly antalgic gait. Diagnoses are low back pain; lumbar disc desiccation L5-S1; left hip pain; rule out intrinsic hip pathology. At issue, is the request for authorization for Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin intermittently with Tylenol and Norco for over a year. Long-term use is not indicated and pain remained persistent. Long-term NSAID use has renal and GI risks. Failure of Tylenol is not noted. Continued use of Motrin is not medically necessary.