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| Case Number: | CM15-0164262 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 11/25/1981 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/25/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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, New York
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 64 year old male, who sustained an industrial injury on 11-25-81. The injured worker was diagnosed as having lumbar disc bulge with right sided sciatica. Treatment to date has included physical therapy, a home exercise program, TENS, lumbar epidural steroid injections, a lumbar support brace, and medication. The injured worker had been taking Motrin since at least 7-2-14. Currently, the injured worker complains of low back pain and spasm radiating to the right lower extremity with numbness. The treating physician requested authorization for Motrin 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Motrin is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. There needs to be documented objective improvement in pain and function. The patient was on Motrin long-term. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Current risks outweigh benefits. Therefore, the request is considered not medically necessary.