

Case Number:	CM15-0180459		
Date Assigned:	09/22/2015	Date of Injury:	07/30/2005
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, 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 45 year old female, who sustained an industrial injury on 7-30-05. Medical record indicated the injured worker is undergoing treatment for status post spinal cord stimulator (8-7-14), status transforaminal lumbar interbody fusion L3-4 (performed on 10- 25- 12), status post anterior and posterior L4-S1 fusion, lumbar hardware removal with exploration and fusion, status post urological stent placement and status post suprapubic catheter placement. Treatment to date has included oral medications including Neurontin 600mg, Zanaflex 4mg, Norco 5-325mg, Motrin and Xanax; lumbar fusion, spinal cord stimulator placement and activity modifications. Currently on 8-19-15, the injured worker complains of moderate to severe back pain which is worse with increased activity and improved with medications and rest. She notes she is able to sustain an activity for 20 to 30 minutes with medication versus 5 to 10 minutes without medications. Work status is unclear. Physical exam performed on 8-19-15 revealed an antalgic gait and tenderness in posterior lumbar region with restricted range of motion and spasms in the lumbar paraspinal musculature. The treatment plan included prescriptions for Neurontin 600mg #120, Zanaflex 4mg #30, Norco 5-325mg #90, Motrin and Xanax 1 mg #30. On 9-3-15, utilization review non-certified a request for Ibuprofen 800mg #60 noting guidelines recommend for short term use and there is no documentation how long this claimant has been on the medication and there is no documentation of failed over the counter non-steroidal anti-inflammatory drugs and no improvement in symptoms and pain with medication. The medication list includes Zanaflex, Norco, Neurontin, Xanax and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Motrin belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)". Patient is having chronic pain and is taking Motrin for this injury. Medical record indicated the injured worker is undergoing treatment for status post spinal cord stimulator (8-7-14), status transforaminal lumbar interbody fusion L3-4 (performed on 10-25-12), status post anterior and posterior L4-S1 fusion, lumbar hardware removal with exploration and fusion, status post urological stent placement and status post suprapubic catheter placement. Currently on 8-19-15, the injured worker complains of moderate to severe back pain which is worse with increased activity. She notes she is able to sustain an activity for 20 to 30 minutes with medication versus 5 to 10 minutes without medications. Physical exam performed on 8-19-15 revealed an antalgic gait and tenderness in posterior lumbar region with restricted range of motion and spasms in the lumbar paraspinal musculature. NSAIDS like Motrin are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Motrin 800 MG #60 is medically appropriate and necessary in this patient.