

Case Number:	CM15-0181306		
Date Assigned:	09/22/2015	Date of Injury:	07/18/2002
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This is a 45-year-old male patient who sustained an industrial injury 07-18-02. The diagnosis includes lumbar intervertebral disc without myelopathy. Per the doctor's note dated 7/6/2015, he had complains of constant moderate pain in his low back with occasional radiation pain and numbness of the right leg. The physical examination revealed paralumbar muscle spasm and restricted range of motion of the low back. The medications list includes motrin and tramadol. He has had lumbar spine MRI on 11/24/2014. Prior treatment includes physical therapy, TENS, medications, work restrictions, and a back brace. The original utilization review (08-17-15) non certified the request for Motrin 800 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg/tab 1 tab TID #90: 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, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Motrin 800mg/tab 1 tab TID #90. Motrin contains ibuprofen, which is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had low back pain with occasional radiation pain and numbness of the right leg. He has objective findings on the physical examination- paralumbar muscle spasm and restricted range of motion of the low back. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 800mg/tab 1 tab TID #90 is medically appropriate and necessary for this patient to use to manage his chronic pain.