

<b>Case Number:</b>	CM15-0195364		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male, who sustained an industrial injury on 10-14-2013. The injured worker was being treated for a head contusion, acute cervical sprain and strain, multilevel 1-2 millimeter disc protrusions of the lumbar spine, bilateral knee sprain and strain, right lower extremity radiculopathy, and right knee strain, rule out meniscal injury. Medical records (6-19-2015 to 7-17-2015) indicate ongoing neck pain radiating into the shoulders, lower back pain radiating into the legs, and bilateral knee pain. The injured worker's pain was rated: neck and lower back pain 8 out of 10, right knee 6-7 out of 10, and left knee 3 out of 10. Medications and rest make the pain better. Motrin improves his pain from 8 out of 10 to 4 out of 10. He reported that taking Motrin worsens his gastrointestinal issues. The physical exam (6-19-2015 to 7-17-2015) reveals tenderness over the cervical and lumbar midline and paraspinal muscles, asymmetric loss of range of motion, and neurologically intact upper and lower extremities. There are well-healed right knee incisions, mild effusion, and range of motion of 0-120 degrees. Medical records (8-26-2015) indicate ongoing cervical, lower back, and bilateral knee pain. The injured worker reported the bilateral knee was improved and was rated 2-3 out of 10. The cervical and back pain was rated 4-5 out of 10 and increased to 6 out of 10 with heavy lifting. The physical exam (8-26-2015) reveals loss of cervical and lumbar range of motion, positive orthopedic testing for local cervical spine pain, and radicular symptoms of the right lower extremity. Per the treating physician (6-16-2015 report) an MRI of the cervical spine from 4-14-2014 revealed severe right-sided neuroforaminal stenosis at C4-5 (cervical 4-5) and severe left-sided foraminal stenosis at C6-7 (cervical 6-7). Per the agreed medical evaluator (7-1-2015

report) an MRI of the lumbar spine from 1-18-2014 revealed multilevel 3-4 millimeter bulging discs at L1-2 (lumbar 1-2) to L4-5 (lumbar 4-5). Per the agreed medical evaluator (7-1-2015 report) an MRI of the right knee from 5-30-2014 revealed a large displaced tear of the posterior horn of the medial meniscus, a large tear of the posterior horn of the lateral meniscus, a synovial cyst, and osteophyte formation. Treatment has included postoperative physical therapy, a home exercise program, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory (Motrin (Ibuprofen) 800mg since at least 5-2015). Per the treating physician (7-17-2015 report), the injured worker was not currently working. The requested treatments included Motrin (Ibuprofen) 800mg (Generic brand/OTC preferred). On 9-22-2015, the original utilization review non-certified a request for Motrin (Ibuprofen) 800mg every 8 hours as needed, #90 with 2 refills (Generic brand/OTC preferred).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Motrin (Ibuprofen) 800mg every 8 hours as needed, #90 with 2 refills (Generic brand/OTC preferred): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The patient presents on 08/26/15 with cervical and lower back pain rated 4-5/10, and bilateral knee pain rated 2-3/10. The patient's date of injury is 10/14/13. The request is for Motrin (Ibuprofen) 800mg every 8 hours as needed, #90 with 2 refills (generic brand/OTC preferred). The RFA is dated 08/26/15. Physical examination dated 08/26/15 reveals slightly reduced cervical range of motion, "positive orthopedic testing for local cervical spinal pain", reduced lumbar range of motion, and lower extremity radicular symptoms (unspecified). The patient is currently prescribed Motrin and Omeprazole. Patient is currently advised to return to modified work ASAP. MTUS Guidelines, Anti-inflammatory medications section, page 22 for states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Guidelines, Medications for chronic pain section, page 64 also states: "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the request for Motrin, the treater has not documented pain reduction or functional improvement attributed to this medication. Progress notes indicate that this patient has been taking Motrin since at least 05/29/15. The progress note dated 08/26/15 (which is associated with this request) has the following regarding this patient's medications: "The medications prescribed are to control the patient's symptoms and aid in restoring function in order to adequately perform his activities of daily living. Also symptom control is necessary to return to gainful employment." While it is indicated that the objective of medications is to reduce pain and improve function, the provider fails to clearly address whether or not this is

accomplished by the current regimen. NSAIDs such as Ibuprofen are considered first line medication for complaints of this nature, though without clearly established analgesia and functional improvements, continuation cannot be substantiated. Therefore, the request is not medically necessary.