

Case Number:	CM15-0200669		
Date Assigned:	10/15/2015	Date of Injury:	06/26/2014
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania, Ohio, 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:

This is a 55 year old female who sustained a work-related injury on 6-26-14. Medical record documentation on 9-30-15 revealed the injured worker was being treated for sacroilitis, lumbar sprain-strain, lumbosacral or thoracic neuritis or radiculitis and chronic pain syndrome. She reported constant low back pain with radiation of pain to the left lower extremity with associated numbness. Her pain interfered with her activities of daily living and she had trouble ambulating, getting in and out of the car and could no longer do household chores such as sweeping and cleaning the bathroom. She reported difficulty sleeping due to back pain. Her medication regimen included Naproxen 550 mg which was not helpful and Lidoderm patch which provided some pain relief. She used Ibuprofen 800 mg since at least 7-30-15. Her treatment plan included continued Naproxen 550 mg, Lidopro patches, ice therapy, Gabapentin 300 mg and Norco 10-325 mg. A request for Motrin 800 mg #90 was received on 10-3-15. On 10-12-15, the Utilization Review physician determined Motrin 800 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Overturned

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: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to the lack of objective documentation of functional benefit. However MTUS does not require objective functional improvement to support benefit from NSAIDs; reported subjective improvement as in this case also is consistent with MTUS guidelines. Moreover a prior physician review concluded this request is not medically necessary because the NSAID Naprosyn was previously ineffective; however, changing to a different NSAID would be appropriate and consistent with MTUS principles. For these multiple reasons, this request is medically necessary.