

Case Number:	CM15-0201306		
Date Assigned:	10/16/2015	Date of Injury:	11/05/2013
Decision Date:	11/25/2015	UR Denial Date:	10/03/2015
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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male, who sustained an industrial injury on 11-5-2013. Medical records indicate the worker is undergoing treatment for lumbar disc herniation and left lower extremity radicular pain. A recent progress report dated 9-28-2015, reported the injured worker complained of low back pain rated 8 out of 10. A visit on 9-3-2015, the injured worker rated his pain at 7-8 out of 10 without medications and 4 out of 10 with medications. Physical examination revealed lumbar tenderness and pain limited range of motion. Treatment to date has included physical therapy, Naprosyn 500 mg twice daily and Tramadol. On 9-15-2015, the Request for Authorization requested Motrin 800mg #60 with 2 refills. On 10-3-2015, the Utilization Review noncertified the request for Motrin 800mg #60 with 2 refills stating that the IW is receiving both Motrin and naproxyn without indication why both NSAIDs are needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 2 refills: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. NSAIDs should be used at a minimal dosage and should not be prescribed if clinical contraindications such as kidney disease or heart disease are noted. According to the provided medical records the IW is also prescribed naproxyn at a standard 500mg dose twice daily. There is no mention made regarding necessity of prescribing two different NSAIDs concurrently. Considering that this medication has a number of potential side effects with chronic use, and there is no comment on the need for ongoing long term use of two different types of NSAIDs, I believe continued use of Motrin is not medically necessary at this time in light of concurrent Naproxyn use. Therefore, the request is not medically necessary.