MAXIMUS Federal Services

| Case Number: | CM15-0206013 | | |
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| Date Assigned: | 10/22/2015 | Date of Injury: | 04/28/2014 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

## 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 26 year old female, who sustained an industrial injury on 4-28-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar sprain, thoracic sprain, and right wrist pain. According to the progress report dated 9-9-2015, the injured worker presented with complaints of constant low back pain with radiation into the lateral and posterior thighs. In addition, she reports right forearm pain, associated with numbness and tingling in the wrist and weakness in the hand. The level of pain is not rated. The physical examination of the right wrist reveals positive Phalen's and Finkelstein's test and decreased motor strength (4 out of 5) in the right upper arm. Examination of the lumbosacral spine reveals tenderness to palpation. Straight leg raise test is positive bilaterally. The current medications are Ibuprofen (since at least 4-17-2015). Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management and physical therapy. Work status is described as modified duties. The original utilization review (9-28-2015) had non- certified a request for Motrin 600mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600mg #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:** The current request is for Motrin 600MG #90. Treatments to date include medication management, wrist splint, and physical therapy. Work status is described as modified duties. 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." Per report 09/09/15, the patient presents with constant low back pain with radiation into the lateral and posterior thighs. In addition, she reports right forearm pain, associated with numbness and tingling in the hand. The physical examination of the right wrist reveals positive Phalen's and Finkelstein's test and decreased motor strength (4 out of 5) in the right upper arm. Examination of the lumbosacral spine reveals tenderness to palpation, and straight leg raise test is positive bilaterally. The patient has been utilizing Motrin for pain and inflammation since at least 02/10/15. Per report 07/15/15, the patient rates her pain as 6-7/10, and with the help of medications the pain goes down to 3/10. With the use of medications, the patient is able to continue working. NSAIDs such as Motrin are considered first line medication for complaints of this nature, and analgesia and functional improvement have been established. Therefore, continuation of this medication is supported, and the request IS medically necessary.