

Case Number:	CM15-0021131		
Date Assigned:	02/10/2015	Date of Injury:	08/16/2010
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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, Pain Management

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 54 year old female, who sustained an industrial injury on August 16, 2010. The injured worker has reported back, left ankle and left elbow pain. The diagnoses have included lumbar spine myofascitis with disc injury, lumbar spine radiculitis with myofascitis, exacerbation of left ankle chronic sprain/strain and status post lateral epicondylitis release on the left. Treatment to date has included pain medication, cortisone injection, MRI of the left elbow and chiropractic treatment. Current documentation dated November 4, 2014 notes that the injured worker had severe low back pain rated an eight out of ten on the Visual Analogue Scale. The pain was noted to be greater on the right side. She also reported intermittent burning in the left elbow and pain in the left ankle when she is on her feet for a period of time. Physical examination revealed tenderness to the right sacroiliac joint with a positive sitting root test and Patrick's test on the right. Range of motion of the lumbar spine was decreased and painful. On January 20, 2015 Utilization Review non-certified a request for Motrin 800 mg # 90. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 3, 2015, the injured worker submitted an application for IMR for review 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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 200).

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.