

<b>Case Number:</b>	CM15-0035596		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Internal 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 55 year old female who sustained an industrial injury on September 15, 2011. She has reported neck and back pain and has been diagnosed with spinal stenosis and muofascial pain. Treatment has included TENS unit, lumbar brace, medications, a gym membership, and trigger point injections. Currently the injured worker revealed tenderness on palpation to the right paraspinal muscles and limited and painful range of motion. The treatment plan included medications, gym membership, and follow up. On February 3, 2015 Utilization Review non certified motrin 800 mg # 60 citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Motrin 800mg #60 1/12/2015:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for neck and back conditions. The primary treating physician's progress report dated 2/9/15 and 1/12/15. The orthopedic spine surgeon's progress report documented the cervical spine and lumbar spine conditions. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of the NSAID Motrin, for neck and back conditions. Therefore, the request for Motrin is medically necessary.