

<b>Case Number:</b>	CM15-0088839		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 65 year old male, who sustained an industrial injury on October 28, 2009. The mechanism of injury was not provided. The injured worker has been treated for neck, shoulder and back complaints. The diagnoses have included brachial neuritis/radiculitis, lumbago, complex regional pain syndrome, lumbar spondylosis without myelopathy, right shoulder internal derangement, lumbar spine herniated nucleus pulposus, lumbar radiculopathy, bilateral carpal tunnel syndrome, cervicogenic headaches, cervical post-laminectomy syndrome, insomnia, stress, anxiety and depression. Treatment to date has included medications, radiological studies, physical therapy, facet injections, electrodiagnostic studies, lumbar facet rhizotomy, psychological assessments, extracorporeal shockwave treatment, chiropractic treatments, cervical spine fusion, right shoulder surgery and bilateral carpal tunnel release surgery. The injured worker was noted to have ongoing lumbar pain and neck pain with cervicogenic headaches. Current documentation dated April 6, 2015 notes that the injured worker reported persistent pain which interfered with his activities of daily living and sleep pattern. The injured worker also reported a lack of energy and difficulty concentrating and remembering things. The injured worker was noted to be sad, anxious, discouraged and tense. Objective findings noted the injured worker to be preoccupied with his physical symptoms, poor concentration and memory. The treating physician noted that the injured worker needed further mental health treatment for symptoms of depression and anxiety. The treating physician's plan of care included a request for the medication Motrin 800 mg # 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg (2 times daily), #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.