

Case Number:	CM14-0149191		
Date Assigned:	09/18/2014	Date of Injury:	04/12/2013
Decision Date:	11/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 36 year-old female with date of injury 04/12/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/28/2014, lists subjective complaints as pain in the low back with radicular symptoms to the right lower extremity. Objective findings: Examination of the lumbar spine revealed tenderness to palpation. Range of motion was restricted for flexion at 70 degrees with pain. Full active range of motion for extension and bilateral rotation. Neurovascular status was intact distally. Bilateral sitting straight leg raising test was positive on the right lower extremity at 60 degrees, and negative on the left lower extremity. Diagnosis: L5-S1 disc disease with annular tear and neuroforaminal narrowing 2. Radicular pain to the lower extremities, right greater than left 3. Sleep difficulty secondary to pain. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medications: 1. Motrin 800mg, #60 SIG: twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin (Ibuprofen) 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), and NSAIDs, Specif.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking Motrin for at least 4 months with no evidence of functional improvement. Retrospective request for Motrin (Ibuprofen) 800mg twice a day, #60 is not medically necessary.