MAXIMUS Federal Services

Case Number:	CM14-0160716		
Date Assigned:	10/06/2014	Date of Injury:	01/05/2010
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 57-year-old male who sustained industrial-related injuries on January 5, 2010 while under the employment of [redacted]. Progress report dated June 26, 2014 indicates the injured worker's reports of pain level at 5/10 with medications and 9/10 without medications, rendering him "non-functional" and "relying on others for his care." Cervical spine exam was significant for tenderness throughout the paracervical musculature extending into the occipital region down into the trapezium region. Cervical range of motion showed: 35 degrees at forward flexion, 45 degrees at extension, and bilateral rotation at 70 degrees. Low back exam was significant fore tenderness throughout the lumbar paraspinal musculature with taut muscle bands and the absence of muscle spasms. Lumbar range of motion showed flexion at 20 degrees, extension at 5 degrees, and straight leg raise test eliciting pain to the low back with radiculopathy to the right in the L5 distribution and to the lesser extent the S1. A trial of Motrin 600 mg, thrice a day was prescribed. Follow-up on July 24, 2014 noted the injured worker's reports of "significantly improved." Cervical spine exam showed tenderness and marked muscle taut bands on the left paracervical. Cervical ranges of motion improved with forward flexion at 45 degrees, extension at 45 degrees, rotation at 70 degrees to the right and 80 degrees to the left. Low back ranges of motion showed 45 degrees in forward flexion and extension at 10 degrees. Medication during this period includes: tramadol 50 mg twice a day as needed #60 with instructions on weaning, Motrin 600 mg twice a day as needed #60 with instructions on weaning; Zanaflex 4 mg one half to one tablet twice a day #30, not to be used daily; and Prilosec 20 mg one tablet twice a day #60. As per progress report dated August 26, 2014, the injured worker reported an overall pain of 5/10 with medications and a pain level of 8/10 without medications. He reported feeling slightly improved in the ability to go for longer walks; however, he is restricted from doing exercises and bending forward. His on-going

prescribed medications during this period includes: Tramadol 50 mg twice a day, Zanaflex 4 mg one half to one twice a day, Omeprazole 20 mg, twice a day, and Motrin 600 mg twice a day. Physical examination was deferred to surgeons and pending upcoming surgical evaluation for the left shoulder, left knee and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600 MG, 1 Tablet by Mouth Twice A Day, Qty: 60 No Refills for Lumbar Inflammation as an Outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics

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

Decision rationale: The Chronic Pain Guidelines states that non-steroidal anti-inflammatory drugs, such as Motrin, are recommended as a second-line treatment after acetaminophen for back pain. The referenced guidelines specify that for workers with chronic back pain, non-steroidal anti-inflammatory drugs are recommended as an option for short-term therapy for symptomatic relief. Additionally, in regard to the dosing of Motrin, the guidelines state that the recommended dose is 400 mg by mouth every 4 to 6 hours as needed, and it is specified that doses greater than 400 mg have not provided greater relief of pain. The prescribed Motrin is within recommended dosage as per referenced guidelines. The medical records submitted also provided documentation of efficacy of with this medication as part of his medication regimen, with evidence of increase in cervical and lumbar spine ranges of motion, reports of increased tolerance to activities, and no reports of adverse effects. Therefore, it can be concluded that the medical necessity of Motrin 600 mg, one tablet by mouth twice a day, quantity 60 with no refills for lumbar inflammation as an outpatient is medically necessary. There is indication for continued use of Motrin for this injured worker. The prescribed Motrin is within recommended dosage as per referenced guidelines. The medical records submitted also provided documentation of efficacy of with this medication as part of his medication regimen, with evidence of increase in cervical and lumbar spine ranges of motion, reports of increased tolerance to activities, and no reports of adverse effects.