

Case Number:	CM14-0217098		
Date Assigned:	01/07/2015	Date of Injury:	05/14/2012
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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, Indiana, New York
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:

This 34 year old male sustained a work related injury on 5/14/2012. The mechanism of injury was reported to be injury from working on a construction site when a board was dropped on his head. The current diagnoses are chronic upper/lower back pain, bilateral sciatica, degenerative disc disease of the lumbar spine, and post concussive syndrome with residual headaches and right-sided hearing loss. According to the progress report dated 12/2/2014, the injured workers chief complaints were chronic headaches and upper/lower back pain, with radicular symptoms to the lower extremities. The physical examination revealed tenderness to palpation overlying the bilateral scapulae and extending into the bilateral rhomboid regions. There is tenderness to palpation in the lower lumbar spine and bilateral lumbar paraspinal regions. There is reduced sensation to light touch in the L4 and L5 dermatomes of the right lower extremity. There was reduced sensation to light touch in the C6 distribution of the right upper extremity. Current medications are Neurontin, Motrin, Amitriptyline, Tramadol, and Zantac. The injured worker notes approximately 40% reduction in his neck and back pain with the Tramadol and Motrin, and 40% reduction in his sciatic pain with Neurontin. The treating physician prescribed Motrin, which is now under review. When Motrin was prescribed work status was permanent and stationary. On 11/26/2014, Utilization Review had non-certified a prescription for Motrin. The Motrin was non-certified based on no indication of laboratory analysis to objectively document that this medication is not causing adverse effects, such as renal or liver dysfunction. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600 milligrams twice daily as needed qty 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 600 mg one by mouth twice a day as needed #60 with one refill is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, bilateral sciatica; lumbar degenerative disc disease; and postconcussive syndrome with residual headaches and right-sided hearing loss. There was a single progress note in the 11 page medical record dated December 2, 2014. The injured worker has subjective complaints of chronic headache and upper and lower back pain with radicular symptoms to the lower extremities. Physical examination showed no tenderness at the lumbar, cervical thoracic spine. There was no tenderness in the lower extremities. Motor testing was normal in the upper and lower extremities. There was reduced sensation to light touch in the L 4/L5 dermatome of the right lower extremity and C6 dermatome in the right upper extremity. Motrin is recommended for the shortest period at the lowest dose in patients with moderate to severe pain. The documentation does not contain evidence of moderate to severe pain. The progress note does not indicate whether Motrin was a refill or whether this was a starting prescription. Based on the 11 page medical record, there is no evidence of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Motrin, in addition to its use in excess of the recommended guidelines, Motrin 600 mg one by mouth twice a day as needed #60 with one refill is not medically necessary.