

Case Number:	CM15-0109136		
Date Assigned:	06/15/2015	Date of Injury:	06/11/2013
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 37 year old female, who sustained an industrial injury on June 11, 2013. The injured worker reported left knee pain related to running and injuring the knee. The injured worker was diagnosed as having persistent neck, thoracic and low back pain, upper extremity radicular symptoms and status post left knee repair. Treatment to date has included physical therapy, chiropractic, surgery and medication. A progress note dated April 20, 2015 provides the injured worker was involved in a motor vehicle accident (MVA) while receiving treatment for the knee and now complains of neck and back pain. She reports her low back pain is better but her neck and mid back pain is bothering her. She rates the pain 4/10. There is radiating pain down both arms and decreased radiation down the left leg. Physical exam notes some cervical tenderness with full range of motion (ROM) but painful. The plan includes physical therapy, Norco and Motrin. A letter dated May 27, 2015 states that the medication improves the patient's pain and allows her to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60, per 04/23/2015 order: 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 8 C.C.R Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears the medication is improving the patient's pain/function. As such, the currently requested Motrin (ibuprofen) is medically necessary.