

Case Number:	CM15-0018068		
Date Assigned:	02/06/2015	Date of Injury:	02/18/1972
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California
 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 a 74 year old male, who sustained an industrial injury on 2/18/72. The injured worker has complaints of thoracic spine pain with tenderness. The diagnoses have included lumbago. Imaging showed progressive degenerative changes across T9-10 segment without olisthesis. The claimant had been on MSIR, MSContin and Flexeril for pain for several months. The claimant had 8/10 pain and high dose opioids and the claimant had recently requested to add Motrin to reduce pain to 3/10. According to the utilization review performed on 1/9/15, the requested Motrin 800mg #60 with 3 refills has been modified to Motrin 800mg #60 with no refills. CA MTUS 2009, chronic pain, anti-inflammatory medications, and page 22 were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, there was no indication of Tylenol failure. The claimant had a high pain level on long-acting and short-acting opioids. There was no indication that the claimant was able to drop pain to a 3/10 from 8/10 on Motrin. In addition, this was not verified before requesting 3 refills. Long-term NSAID use has renal and GI risks. Based on the above, the Motrin as prescribed above is not medically necessary.