

Case Number:	CM15-0018322		
Date Assigned:	02/06/2015	Date of Injury:	05/16/2011
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 36 year old male, who sustained an industrial injury on May 16, 2011. He has reported lower back pain and left knee pain. The diagnoses have included left knee pain, lower back pain, and numbness. Treatment to date has included medications and surgeries. A progress note dated December 15, 2014 indicates a chief complaint of continued lower back pain and left knee pain. Physical examination showed lumbar spine tenderness and decreased range of motion, and left knee tenderness at the joint line, with decreased sensation, full range of motion, normal gait, and no edema or effusion. The treating physician requested prescriptions for Motrin and Norco. On December 29, 2014 Utilization Review certified the request for the prescription for Norco and denied the request for the prescription for Motrin citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 72.

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

Decision rationale: MTUS Guidelines recommend careful use (shortest time and lowest dose) of all necessary medications, however the Guidelines do not recommend discontinued use of NSAIDs if they are effective and without undue side effects. It is well documented that this individual has a qualifying medical condition for the use of NSAIDs and it is well documented that is medication mix is quite effective. Under these circumstances, the Motrin 600mg #60 is medically necessary.