

Case Number:	CM15-0112888		
Date Assigned:	06/19/2015	Date of Injury:	09/22/2006
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old female who sustained an industrial injury on 09/22/2006. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar myofascial pain syndrome, bilateral chronic L5-S1 radiculitis and obesity. Treatment to date has included diagnostic testing, conservative measures, transcutaneous electrical nerve stimulation (TEN's) unit, lumbar epidural steroid injections, physical therapy and medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker continues to experience lower back pain radiating to the left posterior leg and left hip and new pain in the right buttock associated with numbness and tingling in the right lateral leg. The injured worker also reports weakness of the lower extremities. The injured worker rates her pain level at 9/10 without medications and 6/10 with medications. She reports that Ultracet is no longer effective. Examination demonstrated moderate tenderness in the lumbar paraspinal muscles with significantly decreased range of motion in flexion and extension. Straight leg raise and Patrick's tests were negative. Patellar reflexes were 1+ bilaterally; trace Achilles on the right and an absent Achilles on the left. Strength was 4+/5 bilaterally with sensation intact. There was full hip range of motion and an antalgic gait. Current medications are listed as Ultracet, Flexeril, Motrin and Lyrica. Treatment plan consists of physical therapy for the lower back, change Ultracet to Tramadol and the current request for Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Motrin 800mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Motrin was used. There is no clear documentation of pain and functional improvement with NSAIDs use. Therefore, the prescription of Motrin 800mg #60 with 3 refills is not medically necessary.