

<b>Case Number:</b>	CM15-0114409		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	11/12/1999
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 63 year old female, who sustained an industrial injury on 11/12/99. The injured worker was diagnosed as having sacroiliitis, multilevel lumbar facet arthropathy with myofascial pain/spasms, chronic intractable neuropathic lumbosacral pain syndrome with 5 level disc disease and bilateral neuroforaminal stenosis, L1 compression fracture with multiple lumbar disc bulges and multilevel neural foraminal stenosis and chronic opioid therapy. Treatment to date has included radiofrequency ablation, sacroiliac block with corticosteroid, lumbar facet medial branch block, physical therapy, oral medications including opioids, Trazadone and Motrin and home exercise program. Currently, the injured worker complains of low back pain aggravated with prolonged walking and standing rated 6.5/10. She is currently not working. She is noting functional improvement and improvement in pain with current medication regimen. Physical exam noted tenderness over the midline lower lumbar spine with palpable trigger points in the left paraspinals; she has difficulty walking which causes her to grimace due to pain. The treatment plan included request for authorization for Norco, Motrin 300mg 3100 with 3 refills, continuation of home exercise program and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg quantity 100 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal 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 NSAID use. Therefore, the prescription of Motrin 800mg #100 with 3 refills is not medically necessary.