

Case Number:	CM15-0126496		
Date Assigned:	07/17/2015	Date of Injury:	06/15/2009
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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 41-year-old female, who sustained an industrial injury on 06-15-2009 secondary to lifting heavy boxes resulting in back pain. On provider visit dated 06/12/2015 the injured worker has reported low back pain and thoracic pain. On examination straight leg raise was noted to cause back pain, tenderness was noted over the thoracic paraspinal muscles and some tightness in the thoracic paraspinal muscles were noted as well. The diagnoses have included thoracic pain, low back pain, thoracic disc disease, lumbar disc disease and chronic pain syndrome. Treatment to date has included medication and home exercise program and physical therapy. The provider requested Motrin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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, the claimant had been on NSAIDS for several months. Prior Naproxen caused GI upset and Celebrex did not help. Due to GI irritation the claimant was given a PPI with the Mortin. Long-term use of NSAIDS is not recommended. No one NSAID is superior to another in side effects. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.