

<b>Case Number:</b>	CM15-0047146		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 an industrial injury dated December 2, 2013. The injured worker diagnoses include pubic symphysis pain, mechanical low back pain, and right sacroiliac (SI) joint dysfunction. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated February 16, 2015, the injured worker reported intermittent pain in the right hip. Objective findings revealed stiffness with transfer and ambulation and tenderness to palpitation in right gluteal tissue. The treating physician prescribed Motrin 800 milligram for pain and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 milligram every 8 hours, #90 for the pelvic, lumbar spine, and right sacroiliac joint:** 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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient was injured on 12/02/2013 and presents with occasional right hip pain and ache. The request is for MOTRIN 800 mg every 8 hours #90 for the pelvic, lumbar spine, and right sacroiliac joint for pain and inflammation. The RFA is dated 02/17/2015 and the patient is working full duty. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "a record of pain and function with the medication should be recorded," when the medications are used for chronic pain. The patient has been taking Motrin as early as 04/11/2014. The patient is diagnosed with right sacroiliac joint dysfunction, mechanical low back pain, and pubic symphysis pain. The patient can transfer from sit to stand with some stiffness, ambulates with stiffness, and is tender to palpation in right gluteal tissue. In this case, none of the reports provided indicate how Motrin has impacted the patient's pain and function, as required by MTUS page 60. Therefore, the requested Motrin IS NOT medically necessary.