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| <b>Case Number:</b>   | CM15-0099646 |                              |            |
| <b>Date Assigned:</b> | 06/02/2015   | <b>Date of Injury:</b>       | 05/30/2007 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/22/2015 |

### 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: Pennsylvania, Ohio, 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 45-year-old male, who sustained an industrial injury on 5/30/07. The injured worker has complaints of back pain. The documentation noted on examination the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine and thermic care heat wrap around lumbar spine and range of motion of lumbar spine is restricted with flexion limited to 40 degrees and is restricted with extension limited to degrees due to pain. The diagnoses have included lumbar or lumbosacral disc degeneration; abnormal loss of weight and lumbago. Treatment to date has included percocet; ibuprofen; prilosec; transcutaneous electrical nerve stimulation unit; thermic care patches; home exercise program; psychiatrist therapy and pain management counseling. The request was for motrin 600mg #90 with 2 refills and 5 sessions of pain management counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22.

**Decision rationale:** MTUS recommends weighing risks vs. benefit when using NSAIDs on an ongoing basis. This request exceeds recommended guidelines in combination with Ibuprofen 800mg TID that was previously certified. Thus, this request is not medically necessary.

**5 sessions of pain management counseling:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** MTUS encourages psychological treatment for appropriately identified patients during treatment for chronic pain. Given the notable chronicity in this case and patient cooperation with the request for additional pain counseling, the request is supported by the treatment guidelines. The request is medically necessary.