

<b>Case Number:</b>	CM13-0029528		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED], [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic knee pain, chronic ankle pain, hypertension, and depression associated with an industrial injury of January 31, 2008. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and extensive periods of time off of work. A note dated September 6, 2013 is notable for comments that the applicant's pain levels are unchanged, with an average score of 9/10 with medications, and 10/10 without medications. Although the applicant is reportedly tolerating medications, he is still having difficulty in terms of activities of daily living which include ambulating, self-care, personal hygiene, sleep, and sex. The applicant reports knee pain, shoulder pain, and other areas. He is given refills of Norco, Ambien, and Motrin. It does not appear that the applicant has returned to work, although his work status is not detailed. A note dated August 29, 2013 suggests that the applicant was previously declared permanent and stationary. It does not appear that the applicant's permanent restrictions have been accommodated by his employer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation for opioid therapy include evidence of successful return to work, improved functioning, and reduced pain brought about as a result of ongoing opioid usage. In this case, however, the applicant does not meet these aforementioned criteria. The reduction in pain scores from 10/10 to 9/10 appears minimal to marginal at best, and is outweighed by the applicant's failure to return to work and continued difficulty in performing numerous non-work activities of daily living. Accordingly, the request is not certified.

**ibuprofen 600mg:** Upheld

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

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

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, in this case the applicant has failed to experience any lasting benefit or functional improvement through prior usage of the same as defined by the parameters established in MTUS 9792.20f. The applicant has failed to return to work. There is no evidence of progressively diminishing work restrictions and no evidence that the applicant is in fact reducing dependence on medical treatment. There is likewise no evidence of improved performance in non-work activities of daily living. For these reasons, then, the request is not certified.