

<b>Case Number:</b>	CM13-0053484		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/06/2001
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on June 6, 2001. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, transfer of care to and from various providers in various specialties, lumbar spine surgery, epidural steroid injection therapy, and orthotics. A progress note dated September 6, 2013 states that the applicant had a recent flare-up of pain and had to take himself off work. The flare-up of his pain has now subsided. The applicant's pain ranges from 5-9/10. He is on Motrin, Vicodin, and Adderall for pain relief. His BMI is 23. Vicodin and Motrin are renewed. It is stated that the applicant is able to increase functioning and activity as a result of the same. He was given a few days off work and then asked to return. Additional physical therapy is also sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 ibuprofen 800mg with one refill:** Overturned

**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:** Anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here. The information on file suggests that the applicant has responded favorably to this medication in the past. He is now having a flare-up of chronic pain. Provision of ibuprofen does appear to be an appropriate choice given the applicant's favorable response to the same, as evidenced by his successful return to regular work. Therefore, the request is certified.

**60 Vicodin 5/500mg:** 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:** The cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of opioid usage. In this case, the applicant has apparently returned to work, with the exception of a few days which he has missed owing to an acute flare of pain. He does report improved functioning and appropriate analgesia effected as a result of ongoing Vicodin usage, per the attending provider. Continuing usage of Vicodin, then, is therefore indicated and appropriate. Accordingly, the request is certified.

**urine toxicology screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines do support intermittent drug testing in the chronic pain population, the MTUS does not establish a specific frequency for and/or parameters with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter, however, an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for authorization for testing. An attending provider should state how the drug testing will influence the treatment plan, moreover, and state when the last time the applicant obtained the said urine drug testing was. In this case, however, the afore-mentioned criteria were not met. The attending provider did not state which drug testing and/or drug panels he intended to test for, nor did he state the last time when the applicant was tested. Accordingly, the request for urine drug testing is not certified.