

Case Number:	CM14-0001060		
Date Assigned:	01/22/2014	Date of Injury:	05/02/2010
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventative 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 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/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 May 2, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, knee surgery in 2012, wrist surgery in 2012, and epidural steroid injection therapy. A progress note dated January 14, 2014 was notable for comments that the applicant reported persistent 7/10 pain. The applicant was not working, it was stated. Limited lumbar range of motion was noted. The applicant was on Norco, Desyrel, Bactrim, and Flagyl, it is stated. In some sections of the note, it was stated that the applicant was not taking either ibuprofen or Norco. No explanation for the differing medication list was provided. Authorization for epidural steroid injection therapy was sought. A note dated December 18, 2013 was notable for comments that the applicant reported 4-6/10 low back and knee pain. The applicant was using Norco, Motrin, Flector patches, and Pennsaid drops. A pain management consultation, weight loss program, and medications were sought. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60: 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: Norco is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the medication. In this case, however, the applicant has failed to return to work. The applicant's pain complaints are seemingly heightened as opposed to reduced. There is no evidence of improved performance of activities of daily living effected as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.

IBUPROFEN 600 MG #100: 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 pages 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that 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, in this case, the applicant has failed to clearly effect any lasting benefit or functional improvement through ongoing ibuprofen use. The applicant is off of work. The applicant's pain complaints are heightened as opposed to reduced. There is no mention of any diminished reliance on medical treatment. If anything, the applicant appears highly reliant on various forms of medical treatment, including epidural steroid injection therapy, weight loss programs, etc. Therefore, the request is not medically necessary.