

Case Number:	CM14-0104748		
Date Assigned:	07/30/2014	Date of Injury:	11/06/2003
Decision Date:	09/18/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 Pain Management 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 injured worker is a 53-year-old male who sustained work-related injuries on November 6, 2003. Per most recent medical records dated July 22, 2014, the injured worker reported that he still has weakness in the legs but no numbness. He continued to work full-time as a painter 5 days per week and 8 hours per day. He stated that without medications he rated his pain at 10/10 and with medications his pain would go down to 2-3/10 with no side effects noted. He also continued to use ice on his back which helped significantly. On examination, lumbar forward flexion was limited. Extension is minimal beyond neutral. Lateral bending was about 10 degrees. He continued to have bilateral low back tenderness, mild to moderate from L4 to S1 midline. Magnetic resonance imaging scan of the lumbar spine dated February 1, 2010 indicated L3-L4 diffuse annular disc bulge with resolution of previously noted central disc protrusion. L4-L5 non-diffuse annular disc bulge creating mild central canal stenosis; previously noted greater disc bulge and it is possible protrusion was reduced in size. Facet arthrosis was noted at L3-L4, L4-L5 and L5-S1. He was diagnosed with (a) lumbar degenerative disc disease, (b) chronic lumbar back pain, lumbar facet arthropathy likely etiology for some of the pain, (c) lumbar radiculopathy, reasonably stable at the present time, and (d) myofascial syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids Page(s): 51; 74.

Decision rationale: According to evidence guidelines, continued use of opioids as part of a chronic pain medication management treatment is based on two main terms: (a) if the injured worker has returned to work and (b) if the injured worker has improved functioning and pain. In this case, most recent progress notes indicate that with continued use of medication his pain levels was brought down from 10/10 to 2-3/10 and as a result has allowed the injured worker to return to work with full duties. Based on the effective pain management brought about the use of opioids and the ability to return to work with full duties, the medical necessity of the requested Norco 10/325 milligrams #90 is established. However, due to evidence of continued monthly follow-ups, the requested refills will be entirely dependent on the findings and should be requested on as needed basis. The request is not medically necessary.

Ibuprofen 800mg #90 with 3 refills: Upheld

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

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

Decision rationale: Evidence-based guidelines indicate that ibuprofen or NSAIDs are generally classified as the first-line treatment option in order to reduce pain so activity and functional restoration can resume. Most recent medical records indicate that due to the provision of ibuprofen as part of his medication treatment, the injured worker was able to return to work with full duties and physical findings suggest mild findings and there were no reported adverse effects. Based on these reasons, the medical necessity of the requested ibuprofen 800 milligrams #90 is medically necessary. However, due to evidence of continued monthly follow-ups, the requested refills will be entirely dependent on the findings and should be requested on an as needed basis. The request is not medically necessary.