

<b>Case Number:</b>	CM14-0108935		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/01/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 10/01/2003. the injured worker reportedly sustained a lower back strain while attempting to pull a child out of a seat. The current diagnosis is lumbar disc bulge at L5-S1. The injured worker was evaluated on 06/12/2014 with complaints of ongoing lower back pain. Previous conservative treatment includes physical therapy, medication management, home exercise, aquatic therapy, TENS therapy, and trigger point injections. Physical examination on that date revealed lumbar spasm with tightness, positive straight leg raising, diminished Achilles reflexes, and decreased sensation in the bilateral feet. It was also noted that the injured worker underwent an MRI of the lumbar spine on 10/08/2012. The current medication regimen includes Biofreeze, Celebrex, Hydrocodone 5/325 mg, Omeprazole 20 mg, Flector patch, Zoloft, and Ibuprofen 600 mg. Treatment recommendations at that time included continuation of the current medication regimen with activity limitation. A request for authorization form was then submitted on 05/12/2014 for Celebrex 200 mg, Hydrocodone 5/325 mg, and Omeprazole 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/acetaminophen 5/325mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized hydrocodone 5 mg since 04/2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.

**Ibuprofen 600mg #90 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. As per the documentation submitted, the injured worker has continuously utilized ibuprofen 600 mg since 04/2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. The California MTUS Guidelines do not recommend long-term use of NSAIDs. As such, the request is not medically necessary and appropriate.