

Case Number:	CM14-0013658		
Date Assigned:	02/26/2014	Date of Injury:	05/17/1995
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 employee is a 62-year-old female who sustained a work-related injury on May 17, 1995. The patient was most recently seen on January 15, 2014, and complained of chronic neck and shoulder pain. The patient rated her pain at 7.5/10 as she had recently run out of Norco. Pain level is usually rated at 5/10. The patient complains of decreased ability to sleep and headaches due to neck pain. The new employee states she usually achieves 50 to 60% pain relief when taking Norco, and 50% relief of muscular pain when taking Ibuprofen. The patient also states for activities of daily living are improved with these pain medications. There were complaints of gastric pain after using ibuprofen for two or three days' time. A previous urine drug screen was completed on September 18, 2013, and March 14, 2012. There was no significant physical examination performed on this date. There was a diagnosis made of myofascial pain syndrome, status post anterior cervical fusion at C3-C4, and possible cervical facet syndrome. A urine drug screen, Norco, and Ibuprofen were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of opioid medications for osteoarthritis. They are only recommended for short term use after evidence of failure of first-line medications such as acetaminophen and NSAIDs. The attached medical record clearly states that the injured employee has had 50% pain relief with NSAIDs and similar relief with Norco. Therefore it is unclear why additional request for narcotic medications is made. For these reasons, this request for Norco is not medically necessary.

IBUPROFEN 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of NSAIDs for osteoarthritis, they are recommended at the lowest dose and for the shortest possible. In this case, the request for Ibuprofen 800 mg is the maximum strength level for this medication. There is no mention in the attached medical record that similar relief could be achieved with 200 mg or 400 mg dosages. These lower dosages should be tried prior to continuing with the highest dosage of Ibuprofen. The request for Ibuprofen 800 mg is not medically necessary and appropriate.