

Case Number:	CM14-0123239		
Date Assigned:	08/08/2014	Date of Injury:	08/14/2007
Decision Date:	09/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 08/14/2007. The mechanism of injury was not provided within the medical records. The clinical noted dated 06/26/2014 indicated diagnoses of status post lumbosacral strain with underlying degenerative disc disease, lumbosacral spine with about 60% to 70% disc space narrowing at L5-S1; evidence of 7 mm far left lateral disc protrusion, herniating impinging on the L5 and S1 nerve root on the left with severe neuroforaminal narrowing; status post right hip arthroplasty dated 12/05/2008 with postoperative complications, sciatic nerve palsy with associated weakness and drop foot; status post left total hip arthroplasty dated 02/17/2012; leg length discrepancy approximately 1 inch, right longer than left corrected with custom orthotics and shoes; pain syndrome secondary to sciatic neuropathy in the right lower extremity; right greater trochanteric bursitis improved 75% status post corticosteroid injection; previous psychiatric diagnoses by psychiatric QME (qualified medical evaluator) of major depression, single episode, moderate anxiety disorder not otherwise classified, sleep disorder due to medical condition, sexual dysfunction and pain disorder, opiate dependence, industrially related and partner relationship problems, industrially related; evidence of diabetes with sugar level of 318, possibly related to the industrial injury; contemplate right sacroiliitis due to gait abnormalities. The injured worker's blood pressure was 210. The injured worker had infection in his teeth and had some teeth pulled, and they were unable to get the bleeding to stop. His sugars became very high. On physical examination the injured worker ambulated with a cane. The injured worker had significant tenderness of the low back region, especially around the sacroiliac joint, superior lumbosacral junction. The injured worker's treatment included refill of medications. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a request for

Motrin and Norco. A Request for Authorization was submitted for Norco and Motrin. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325, one po BID prn pain #60 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco)Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)-TWC 2014 Pain Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker's Norco was modified on 07/11/2014. The provider has had ample time to wean the injured worker. Therefore, the request for Norco is not medically necessary.

Motrin 600mg one po tid prn pain #90 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drugs).

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

Decision rationale: The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was indicated the injured worker has had gastrointestinal complications. In addition, there was no indication that the use of the Motrin has resulted in diminished pain levels or functional improvement. Moreover, the injured worker continues to have elevated blood pressures. Therefore, the request for Motrin is not medically necessary.