

<b>Case Number:</b>	CM14-0124880		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/04/1997
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational 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:

Injured worker is a female with date of injury 8/4/1997. Per primary treating physician's progress report dated 7/16/2014, the injured worker went to the ER one month ago because of severe low back pain. She could not sit down or stand. She had an IV and a morphine injection. Now the pain comes and goes. Her low back pain continues, even worse with the cough. She feels down and has pain on the lower back and it radiates down to the leg. Medications reduce the pain 70% for a day. She gets cramping pains and swelling in the legs. Occasionally her low back locks and it causes her to drag her left foot. She feels twice as bad without the medications and she walks like a little old lady if she does not have the medications. She is not working. On examination there is tightness with straight leg raise testing. There is pitting edema in the left ankle. She can walk on heels or tip toes. She has right lumbar tightness extending up her spine. Rotation motion is painful. She can sit, stand and walk without assistance. She has tightness with straight leg raising. Achilles reflexes are decreased compared to patella tendon reflex. Flexion at the waist is to 50 degrees. She has pains and discomfort into the right buttock. Diagnosis is lumbar degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68,72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Ibuprofen 600mg #90 with 5 refills is determined to not be medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker reports pain relief with medications, however there is a lack of objective evidence of functional improvement with the use of medications. Aberrant drug behavior has not been addressed, but she has gone to the emergency room for pain treatment. She remains off work, and has been injured for 17 years. The medical necessity of chronic opioid treatment has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/APAP 5/325mg #60 with 3 refills is determined to not be medically necessary.