

<b>Case Number:</b>	CM14-0127889		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/31/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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 patient is a 58-year-old female who has submitted a claim for lumbar disc displacement associated with an industrial injury date of October 31, 2010. Medical records from 2014 were reviewed. The patient complained of neck, upper back, left shoulder and low back pain. Pain level was 9/10 without medications. There is also pain and numbness in both wrists and hands, along with tremors and shaking of the right arm and hand. She is currently unemployed and is unable to find a position with modifications. Physical examination of the cervical spine showed limitation of motion and tenderness over bilateral cervical paraspinal muscles. Examination of the left shoulder revealed tenderness over supraspinatus and upper humerus at attachment; positive Hawkin's, Yergason, and Cross arm test in the left shoulder, pain elicited mainly in supraspinatus area; abduction to 90 degrees with pain elicited at forced resistance with abduction. Other physical examination findings include positive Finkelstein bilaterally and positive Phalen's test; pain with extension of bilateral wrists; left medial epicondyle tenderness; and diminished sensation at left C6-C7 dermatomes of upper extremities. The diagnoses were cervical intervertebral disc displacement without myelopathy; lumbar intervertebral disc displacement without myelopathy; disorder of bursae and tendons in shoulder region, unspecified; and carpal tunnel syndrome. Current pain medications include Norco and Motrin, noted as far back as January 2014. Treatment to date has included oral analgesics, acupuncture, left shoulder surgery, and cervical epidural steroid injections. Utilization review from July 15, 2014 denied the requests for 1 prescription of Norco 10/325mg #60 and 1 prescription of Motrin 400mg #120 for date of service 5/15/2014. Previous Norco and Motrin use did not result in an improvement in pain and function. The prospective request for 1 prescription of Norco 10/325mg #60 was modified to 1 prescription of Norco 10/325mg #45, while prospective request for 1

prescription of Motrin 400mg #120 was denied. There was no significant improvement from prior use of these medications. Weaning process should be initiated for Norco.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**Decision rationale:** As stated on pages 78-80 of California MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on Norco as far back as January 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, patient remains unemployed and is unable to find a position with modifications. Utilization review from July 15, 2014 has denied the retrospective request of Norco, while prospective request was modified to allow weaning. It was not specified whether this is a prospective or retrospective request. Regardless, the guideline requires documentation of functional and pain improvement as well as return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

**Motrin 400mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute low back pain. In this case, the patient was prescribed Motrin as far back as January 2014. However, there was no documentation of functional improvement or pain relief with Motrin intake. Utilization review from July 15, 2014 has denied the retrospective and prospective request of Motrin. It was not specified whether this is a prospective or retrospective request. Regardless, the long-term use

of NSAIDs is not recommended by the guidelines as there is no evidence of long-term effectiveness for pain or function. Moreover, there was no evidence of failure of first line agent to manage pain. The medical necessity has not been established. There was no compelling rationale concerning the need or variance from the guideline. In addition, therefore, the request for Motrin 400mg #120 is not medically necessary.

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of NSAIDs is not recommended by the guidelines as there is no evidence of long-term effectiveness for pain or function. Moreover, there was no evidence of failure of first line agent to manage pain. The medical necessity has not been established. There was no compelling rationale concerning the need or variance from the guideline. In addition, therefore, the request for Motrin 400mg #120 is not medically necessary.