

<b>Case Number:</b>	CM14-0138996		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/13/2004
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Emergency 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:

Patient with reported date of injury on 4/13/2004. No mechanism of injury was reported. Patient has a diagnosis of low back pain. There is no other diagnosis on record. Patient appears to have had back surgery but no surgeries were provided for review. Medical reports reviewed. Last report available until 8/12/14. Patient complains of low back pain that is periodic but chronic. Patient is chronically on Norco and Motrin. Notes up to 11/13/13 notes that patient takes those meds chronically. Patient has been taking both medications intermittently, as per prior records 5-6 tablets a week as needed for pain. Objective exam reveals no pain or tenderness on exam. Midline scar that is well healed. Negative leg raise and Fabere test were documented. Neuro exam is normal. Hyporeflexia was documented. There is no imaging or any electrodiagnostic reports provided for review. Patient had reportedly completed physical therapy. Independent Medical Review is for Norco 10/325mg #35 with 3refills and Ibuprofen 800mg #35 with 3refills. Prior UR on 8/21/14 recommended modification of Norco to #35 with no refills and ibuprofen to #35 with 2refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, qty 35 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, "documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications or even a proper pain scale. There is no documentation of proper assessment for abuse or a pain contract. Documentation does not support continued use of opioids. Norco is not medically necessary.

**Ibuprofen 800mg, qty 35 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 22.

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

**Decision rationale:** Ibuprofen or Motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, "NSAIDs are recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic low back pains but recommendations are for low dose and short course only. There are significant side effects if used chronically." While the intermittent use of ibuprofen is appropriate for back pains, the dosage being used is high and does not meet recommendations as per MTUS guidelines with 800mg being the maximum dose. The use of the highest dose of ibuprofen with no documented objective improvement in pain or proper monitoring of side effects means that the continued use of ibuprofen does not meet MTUS Chronic pain guidelines recommendations and is not medically necessary.