

Case Number:	CM14-0173132		
Date Assigned:	10/23/2014	Date of Injury:	06/03/2009
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family 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:

This is a 50 years old female patient who sustained an injury on 6/3/2009. She sustained the injury when she tripped over a chair and fell forward. The diagnoses include lower extremity pain, contusion of hip and benign hypertension. Per the doctor's note dated 9/5/14, she had complaints of low back and left groin pain. Physical examination revealed decreased lumbar spine range of motion, decreased sensation in left L5-S1 dermatome, positive kemp's test and Faber test on the left. The current medications list includes ibuprofen, norco and soma. She has had MRI pelvis dated 9/11/09 with normal findings; MRI lumbar spine dated 5/9/14 which revealed minor degenerative changes and MRI sacrum and coccyx dated 5/7/12 with normal findings. She has had lumbar epidural injection and toradol injection for this injury. She has had massage, physical therapy and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #190: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and criteria for use Page(s): 78-80, 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/30/14) Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg # 190is not established for this patient.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22, 67.

Decision rationale: Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had low back and left groin pain. NSAIDs are considered first line treatment for pain and inflammation. She was taking ibuprofen without any side effects. The request for Ibuprofen 800mg #90 is medically appropriate and necessary for this patient to use as prn to manage her chronic pain.