

Case Number:	CM14-0028738		
Date Assigned:	06/20/2014	Date of Injury:	04/09/2007
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 47-year-old male who reported an injury on 04/09/2007. The mechanism of injury was the injured worker was exiting a forklift. The documentation of 02/14/2014 revealed the injured worker had back pain, low back pain, and lumbar complaints. The medications included ibuprofen 800mg one tablets by mouth three times a day, Norco 10/325mg one tablet four times a day, and Topamax 100mg one tablet twice a day. The diagnoses included chronic discogenic and facet mediated spinal pain with radiculopathy. The treatment plan included a request for an evaluation with a spinal surgeon, medications as listed, and it was indicated the return to prior medications would increase the injured worker's functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG QTY #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for the short-term symptomatic relief of low back pain. There

should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication; however, the duration of use could not be established through the supplied documentation. There was lack of documentation indicating objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ibuprofen 800mg, quantity 90 is not medically necessary.

NORCO 10/325MG QTY #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug taking behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg, quantity 120 is not medically necessary.