

<b>Case Number:</b>	CM14-0049016		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Nevada. 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 54-year-old male, who was reportedly injured on March 2, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 13, 2014 indicated that there were ongoing complaints of low back pain, with radiation to the left lower extremity. The current medications included Norco and Motrin. The physical examination demonstrated tenderness over the lower lumbar spine with muscle spasms present. There was limited lumbar spine range of motion secondary to pain. The previous treatment included physical therapy and heat packs. A request had been made for Norco and Motrin and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #90, with two (2) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

**Decision rationale:** The Chronic Pain Guidelines indicate that there should be documentation of pain and functional improvement and compare to baseline, with long-term use of opioids.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. According to the most recent progress note dated February 13, 2014, the injured employee did not state objective pain relief from the usage of Norco. There were not any comments regarding its ability to help him function and perform activities of daily living. Additionally, the prescriber did not comment on side effects or potential aberrant behavior. For these reasons, this request for Norco is not medically necessary.

**One (1) prescription of Motrin 800mg #30, with two (2) refills:** Upheld

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

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

**Decision rationale:** Motrin is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Guidelines indicate that NSAIDs are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. This request is for Motrin 800mg, which is the strongest preparation. There was no mention of the efficacy with lower dosages or with this dosage. For these reasons, this request for Motrin 800mg is not medically necessary.