

<b>Case Number:</b>	CM14-0080456		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and is licensed to practice in Texas and Ohio. 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 65-year-old male who reported an injury on 10/18/2000. The mechanism of injury was not provided. On 05/23/2014, the injured worker presented with increased distress and pain due to chronic intractable lower back pain. Upon examination, there were increased deep tendon reflexes and lumbar tenderness. The diagnoses were mechanical low back pain. The provider recommended Vicodin and ibuprofen. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg four times a day (unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46; 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for Ibuprofen 600mg four times a day (unspecified quantity) is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, or onset or worsening of pre-existing

hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is a lack of documentation in the medical records provided of a complete and adequate pain assessment, and the efficacy of the prior use of medication was not provided. The injured worker has been prescribed ibuprofen since at least 11/05/2013. The efficacy of the medication was not provided, and long term use of this medication is not supported. The provider does not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary.

**Vicodin 5/300mg four times a day as needed (unspecified quantity).:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46; 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter).

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

**Decision rationale:** The request for Vicodin 5/300mg four times a day as needed (unspecified quantity) is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed Vicodin since at least 11/2013. The efficacy of the medication was not provided. The provider's request does not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary.