

Case Number:	CM14-0093538		
Date Assigned:	07/25/2014	Date of Injury:	07/30/2010
Decision Date:	10/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 30, 2010. Thus far, the applicant has been treated with analgesic medications; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated May 19, 2014, the claims administrator denied a request for Ibuprofen and Norco, stating that the attending provider had failed to outline any benefit with these medications. The applicant's attorney subsequently appealed. On May 29, 2014, the applicant received L4-L5 and L5-S1 epidural steroid injections. In a May 28, 2014, progress note, the applicant reported persistent complaints of low back pain, unchanged. The applicant was having difficulty sleeping at night secondary to pain. The applicant stated that he had been "unable to work" secondary to pain since the date of injury, July 30, 2010. The applicant's pain was reportedly unchanged. The applicant was using Motrin and Norco. The attending provider stated that the applicant was asked to continue home exercises previously taught during physical therapy. Norco was apparently renewed. The applicant was asked to pursue the epidural injection in question. In an earlier note of April 25, 2014, it was again stated that the applicant was having difficulty performing activities such as standing, walking, bending, and lifting, owing to ongoing complaints of pain. All of the applicant's activities of daily living were limited secondary to pain, the attending provider posited. The applicant had not worked since the date of injury and had been deemed "disabled," it was suggested. Motrin and Norco were renewed, while an epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Topic Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline any tangible or material decrements in pain achieved as a result of ongoing Ibuprofen usage. Likewise, the attending provider has failed to outline any tangible or material improvements in function achieved as a result of the same. The applicant remains off work. The applicant has been deemed permanently disabled, it has been suggested. Ongoing usage of Ibuprofen has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid therapy and epidural steroid injection therapy. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Ibuprofen. Therefore, the request is not medically necessary.

Norco 5/325mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, however, the applicant is off work. The applicant has been deemed permanently disabled, the attending provider has acknowledged. The attending provider suggested that the applicant's ability to perform basic functions including standing, walking, bending, etc., have all been diminished as opposed to improved, despite ongoing opioid usage. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.