

Case Number:	CM14-0186047		
Date Assigned:	12/12/2014	Date of Injury:	06/03/2002
Decision Date:	01/28/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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 injured worker (IW) is a 44-year-old man with a date of injury of June 3, 2002. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are degeneration of lumbar or lumbosacral intervertebral disc; chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; myalgia and myositis, unspecified; postlaminectomy syndrome, lumbar region; sacroiliitis, not elsewhere classified; drug-induced constipation; spasm of muscle; lumbago; medication induced GERD; and pain induced insomnia. Pursuant to the progress note dated September 29, 2014. The IW has a history of chronic low back pain and left leg pain in the setting of degenerative disc disease with radiculopathy. The IW reports he is doing fairly well with his medication regimen. The IW states low back pain is rated 4-5/10 with medications and 8/10 without medications. Current medications include Flexeril 10mg, Motrin 800mg, Neurontin 300mg, and Norco 10/325mg. Examination of the lumbar spine demonstrates diffuse mild tenderness to palpation. Lumbar flexion limited to 40 degrees and elicits pain over the lumbosacral spine and posterolateral left leg down the heel in the L4 and L5 dermatomes. Documentation indicates the IW has been prescribed Motrin 800mg since May 30, 2014, and Norco since at least February 26, 2014. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Motrin and Norco. The current request is for Norco 10/325mg #180 with 3 refills, and Motrin 800mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 44 years old with a date of injury June 3, 2002. The injured worker's working diagnoses are degeneration lumbar or lumbosacral intervertebral disc; chronic pain syndrome; thoracic/lumbosacral neuritis/radiculitis; post laminectomy syndrome, lumbar; separate ileitis; drug-induced constipation; spasm of muscle; lumbago; medication induced gastroesophageal reflux disease; and pain induced insomnia. A review of the medical record indicates the injured worker has varied pain relief. However, progress note from May 30th of 2014 indicates the Norco 10/325 mg was "up to six tablets". September 29, 2014 note states Norco 10/325 one tablet TID #180. One tablet TID for 30 days would be #90 tablets. The treating physician wrote for 180 tablets. November 25, 2014 progress note renewed the Norco 10/325 one tablet every three or four hours #170 tablets. The treating physician continually writes an excess number of tablets required monthly and has increased the frequency of Norco use in a progress note as late as November 25, 2014. The earliest progress note in the medical record demonstrating Norco use is dated February 26, 2014. The documentation does not state the starting date. There are no detailed pain assessments in the medical record. The documentation does not contain evidence of objective functional improvement, although subjective findings are noted in the medical record. Consequently, absent the appropriate clinical documentation with objective functional improvement, Norco quantities prescribed in excess of that required per month, varying drug frequencies and missing pain assessments, Norco 10/325#180 with three refills is not medically necessary.

Ibuprofen 800 mg, ninety count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #90 with three refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker is 44 years old with a date of injury June 3, 2002. The injured worker's working diagnoses are degeneration lumbar or lumbosacral intervertebral disc; chronic pain syndrome; thoracic/lumbosacral neuritis/radiculitis; post laminectomy syndrome, lumbar; separate ileitis; drug-induced constipation; spasm of muscle; lumbago; medication induced gastroesophageal reflux disease; and pain induced insomnia. A review of the medical record indicates the injured worker has varied pain relief. Ibuprofen was first prescribed according to a progress note dated May 30 of 2014. The documentation shows varied pain relief with varying amounts and frequency of Norco that was taken in conjunction with Ibuprofen. There is no documentation of objective functional improvements in the medical record. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker was taking Ibuprofen as far back as May 2014 (eight months prior to request). The documentation is unclear as to the exact start date. Consequently, after the appropriate clinical documentation documenting objective functional improvement in the guidelines that recommend using nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain, Ibuprofen 800 mg #90 with three refills is not medically necessary.