

<b>Case Number:</b>	CM14-0207160		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	03/20/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female who reported an injury on 03/20/2010 due to an unknown mechanism of injury. The injured worker's medications included MiraLAX powder 17 grams, ibuprofen 800 mg 1 tablet every 12 hours as needed, Norco 10/325 mg 1 tablet every 4 to 6 hours not to exceed 5 per day, Fentanyl 75 mcg patches applied every 48 hours and Tegaderm 1.75 inch x 7.75 inch dressing applied every 24 hours. The injured worker was monitored for aberrant behavior with urine drug screens. Previous treatments included a home exercise program, physical therapy, a functional restoration program, a work hardening program, and an H wave therapy unit. The injured worker's surgical history included a nerve ablation procedure. The injured worker was evaluated on 10/20/2014. It was documented that the injured worker had 4/10 pain with medications that elevated to an 8/10 without medications. It was documented that with medications the injured worker had an increase in activity at home and a better ability to sleep. The injured worker was monitored for aberrant behavior with CURES reporting and urine drug screening. The injured worker was engaged in an opioid agreement. Physical findings included restrictive range of motion of the lumbar spine secondary to pain with a positive right sided straight leg raising test at 45 degrees. The injured worker's treatment plan included a functional restoration program and a refill of medications. A letter of appeal dated 11/10/2014, indicated that the injured worker was monitored for aberrant behavior with urine drug screens and CURES reporting. It was documented that the injured worker had objective and measurable improvement as the injured worker was able to perform activities of daily living

such as house cleaning, shopping and daily hygienic activities as a result of pain reduction. A request for authorization was submitted on 11/10/2014 for a refill of medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDS Page(s): 60, 67.

**Decision rationale:** The requested Ibuprofen 800mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule Guidelines recommend the continued use of nonsteroidal anti-inflammatory drugs be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has a reduction in pain from 8/10 to 4/10 with medication usage. It is also indicated that the injured worker has functional benefit resulting from the use of medications. However, the request as it is submitted does not identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ibuprofen 800mg #60 is not medically necessary or appropriate.

**Fentanyl 75mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a decrease in pain, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has a decrease in pain and objective functional benefit resulting from medication usage. Also it is clearly identified that the injured worker is monitored for aberrant behavior by CURES reporting and urine drug screens. It is noted that the injured worker is engaged in an opioid contract. Therefore, continued use of this medications would be supported. However, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fentanyl 75mcg #15 is not medically necessary or appropriate.

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a decrease in pain, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has a decrease in pain and objective functional benefit resulting from medication usage. Also it is clearly identified that the injured worker is monitored for aberrant behavior by CURES reporting and urine drug screens. It is noted that the injured worker is engaged in an opioid contract. Therefore, continued use of this medications would be supported. However, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg #150 is not medically necessary or appropriate.