

Case Number:	CM15-0004177		
Date Assigned:	01/15/2015	Date of Injury:	05/11/2006
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male patient, who sustained an industrial injury on May 11, 2006. He sustained the injury due to cumulative trauma. The current diagnosis includes sacral radiculopathy and disc degeneration. Per the doctor's note dated 11/7/2014, physical examination revealed focal tenderness over the low back and negative straight leg raising and negative neurological examination. On March 1, 2013, he complained of lumbosacral pain, worse with standing and activity. The medications list includes Motrin and Norco. He has had X-rays of the back in 2008 with normal findings; lumbar MRI on 7/24/2014 which revealed congenital small central canal, small L5-S1 annular tear and small central disc protrusion and no evidence of neural impingement. He has had lumbar facet injection with greater than a 50% pain reduction and work modifications for this injury. On December 11, 2014, Utilization Review non-certified a request for Motrin, 800mg #60 with two refills and modified a request for Norco 10/325mg #60 with two refills to Norco 10/325mg #54 with no refills, noting the MTUS were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of requested Motrin, 800mg #60 with two refills and Norco 10/325mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80, Postsurgical Treatment Guidelines.

Decision rationale: Request: Norco 10/325mg #60 with 2 refills. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function; continuing review of overall situation with regard to nonopioid means of pain control; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 with 2 refills is not established for this patient.

Motrin 800mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): page 22.

Decision rationale: Request: Motrin 800mg #60 with 2 refills. Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had chronic lower back pain. The physical examination revealed lumbar tenderness. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 800mg #60 with 2 refills is medically appropriate and necessary for this patient to manage his chronic pain.

