

<b>Case Number:</b>	CM15-0009617		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California

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 42-year-old female who reported an injury on 02/16/2011. The mechanism of injury was not specifically stated. The injured worker underwent surgical intervention of the lumbar spine from L3 through L5 and a posterolateral fusion at L3-4 and L4-5. The injured worker underwent a left endoscopic carpal tunnel release and De Quervain's release, a left shoulder arthroscopy, subacromial decompression, and debridement of the rotator cuff and labrum. The documentation of 01/19/2015 revealed the injured worker had complaints of low back pain with pain and numbness and tingling radiating down her left lower extremity and into her left ankle. The pain was a 7/10 in the low back and ankle. The pain was a 10/10. The injured worker indicated she had headaches every day and had been experiencing trouble remembering things. The injured worker started physical therapy. The injured worker was utilizing Norco 10/325 mg 2 to 3 per day and ibuprofen for inflammation. The injured worker denied side effects with the medications. The injured worker indicated she was receiving functional improvement and improvement with pain with the current medication regimen. The injured worker indicated that without the use of medication the pain was an 8/10, and with the use of medication it was a 4/10. The injured worker indicated she had increased activities of daily living and an increased ability to sit, stand, and walk as a result of the medications. The injured worker underwent urine drug screens. The injured worker had increased report of pain upon the extremes of range of motion of the lumbar spine. The diagnoses included headaches, sprain and strain of the cervical spine, status post left shoulder arthroscopy, and anterior posterior lumbar interbody fusion. The treatment plan included Norco 10/325 mg with no refills. There

was no Request for Authorization submitted for review for the requested medications for the date of service 01/19/2015.

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

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Ongoing management Page(s): 60; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The injured worker had an objective decrease in pain and objective improvement. As such, this request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Therefore, the request for Norco 10/325mg #100 is not medically necessary.

**Mortrin 800mg #100 with 3 refills (1x4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication. There was documentation of objective functional improvement and an objective decrease in pain. However, there was a lack of documentation indicating a necessity for the 3 refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Motrin 800mg #100 with 3 refills (1x4) is not medically necessary.