

<b>Case Number:</b>	CM15-0102110		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year old female injured worker suffered an industrial injury on 04/07/2010. The diagnoses included chronic low back pain with left lower extremity pain. The injured worker had been treated with medications. On 4/28/2015 the treating provider reported low back pain with some numbness down the heel of the right foot. On exam there was tenderness at the lumbosacral junctions and pain with extension. The treatment plan included Retrospective request for Motrin and Norco DOS 4/28/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Motrin 800mg #60 (DOS: 4/28/15):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in April 2010 and continues to be treated for low back pain. When seen, she was managing her symptoms with medications. Norco is referenced as allowing her to be able to walk outdoors and as brain pain levels down to tolerable levels with improved function. Physical examination findings included lumbar spine tenderness and pain with extension. Norco was prescribed and a total MED (morphine equivalent dose) of 40 mg per day. Motrin was prescribed and a total daily dose of 1600 mg. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing was within guideline recommendations and therefore medically necessary.

**Retrospective request for Norco 10/325mg #120 (DOS: 4/28/15):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in April 2010 and continues to be treated for low back pain. When seen, she was managing her symptoms with medications. Norco is referenced as allowing her to be able to walk outdoors and as brain pain levels down to tolerable levels with improved function. Physical examination findings included lumbar spine tenderness and pain with extension. Norco was prescribed and a total MED (morphine equivalent dose) of 40 mg per day. Motrin was prescribed and a total daily dose of 1600 mg. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.