

<b>Case Number:</b>	CM15-0102203		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 50 year old male, who sustained an industrial injury on 8/8/02. The injured worker was diagnosed as having status post lumbar spine surgery, status post lumbar spine fusion and status post lumbar spine disc arthroplasty. Treatment to date has included lumbar fusion, oral medications including opioids, physical therapy and home exercise program. Documentation provided is extremely poor. Most progress notes are composed of hand written barely legible notes with single line assessment often no physical exam documented. Currently, the injured worker complains of constant low back pain with radiation to both legs. He rates the pain 2/10. Physical exam noted tenderness to lumbar spine paraspinals, restricted lumbar range of motion and ambulation with a cane. The treatment plan included prescriptions for Norco and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Poor documentation only documents pain as 2/10 or "the same". There is no appropriate documentation of any improvement in pain or function. While there is statements concerning urine drug screening, documentation fails to mention any screening for side effects or abuse. Patient's reported pain is minimal, the provider has failed to document long term plan for opioid management and why patient with such mild pain requires continued opioid therapy. Poor documentation fails to support continued opioid therapy. The request is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-69.

**Decision rationale:** Ibuprofen or motrin is a Non-steroidal anti-inflammatory drug(NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. There is no documentation of improvement in pain or function. There is no documented rationale or justification as to why patient requires continued motrin for minimal pain of 2/10. Continued use of ibuprofen with risk of side effects is not medically necessary.