

Case Number:	CM15-0106431		
Date Assigned:	06/10/2015	Date of Injury:	09/23/2011
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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 was a 58 year old female, who sustained an industrial injury, September 23, 2011. The injured worker previously received the following treatments Ibuprofen, Lidoderm Patches, Norco, Prevacid, Pennsaid, Flexeril, Accupril, Toprol, lumbar spine MRI and physical therapy. The injured worker was diagnosed with low back pain, spondylolisthesis, lumbar radiculopathy, knee pain and spasms of the muscles. According to progress note of April 24, 2015, the injured workers chief complaint was back pain, hip pain and bilateral knee pain. The injured worker rated the pain as 5 out of 10 with medications. The injured worker rated the pain at 8 out of 10 without medications. The injured worker was complaining of poor quality of sleep. The injured worker's activity level had remained the same. The physical exam noted the injured worker was calm and in mild pain. The injured work showed no signs of intoxication or withdrawal. The injured worker walked with an antalgic gait, without an assistive device. The lumbar spine had no limitation in range of motion. On palpation, paravertebral muscles, hypertonicity, spasms, tenderness, tight muscle band and trigger point (the twitch response was obtained along with radiating pain on palpation) was noted along the right side. The lumbar facet loading was positive on both sides. Trigger point with radiation pain and twitch response on palpation at the lumbar paraspinal muscles on the right. The left hip noted the Faber's test was positive. The left sacroiliac joint was mildly tender. The right knee had tenderness with palpation over the lateral joint line. There was palpable crepitus on range of motion. The left knee with restricted range of motion with flexion limited to 88 degrees; limited by pain. There was tenderness with palpation over the lateral joint line. 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 Opioids Page(s): 75, 78, 124, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.

Ibuprofen 600mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered enabling the patient to continue functioning. The Ibuprofen 600mg #60 is medically necessary and appropriate.