

Case Number:	CM15-0106880		
Date Assigned:	06/22/2015	Date of Injury:	08/14/2000
Decision Date:	07/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 08/14/2000. She has reported injury to the low back. The diagnoses have included lumbar strain with intermittent right hip pain, stable; lumbar facet syndrome; lumbosacral myofascial pain syndrome; sacroiliitis; lumbosacral joint sprain/strain; and lumbosacral radiculopathy. Treatment to date has included medications, diagnostics, ice, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, physical therapy, and home exercise program. Medications have included Tylenol, Motrin, and Norco. A progress report from the treating physician, dated 04/21/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain, increased by prolonged sitting, prolonged standing, or repetitive bending or stooping; the pain is currently rated as 3/10 on the pain scale; physical therapy and chiropractic therapy have been helpful for decreasing her need of medication; and the TENS unit is helpful for pain and decreasing the need for medication. Objective findings included palpation of the lumbar spine with slight tenderness and spasm, more on the right than the left; and there is decreased lumbar spine range of motion. The treatment plan has included the request for Motrin 800 mg #90; and Norco 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #90: Upheld

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 Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for over 6 months in combination with Norco. There was no indication of Tylenol or Tricyclic failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

Norco 5/325 mg #60: Upheld

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 opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months in combination with Motrin. There was no mention of weaning to Tricyclic failure. The continued and chronic use of Norco is not medically necessary.