

Case Number:	CM15-0107782		
Date Assigned:	06/12/2015	Date of Injury:	10/13/2006
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 13, 2006. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for Norco and ibuprofen. The claims administrator referenced a May 18, 2015 RFA form in its determination along with an associated progress note of May 4, 2015. The applicant's attorney subsequently appealed. On multiple RFA forms of May 8, 2015, a sacroiliac joint injection, Norco, and ibuprofen were sought. In an associated progress note dated April 30, 2015, the applicant reported ongoing complaints of chronic low back pain of 8 years duration. The applicant had received earlier sacroiliac joints injections, it was reported. Repeat SI joint injections were sought. The attending provider posited that the applicant had received only fleeting relief with 5 to 6 prior sacroiliac joint injections. Norco, Motrin, and repeat SI injections were sought. The applicant's work status was not detailed. The attending provider stated that the applicant's medications were beneficial, but did not elaborate further. In an earlier note dated June 26, 2014, the applicant's pain management physician acknowledged that the applicant remained moderately obese and was receiving disability benefits as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, is receiving disability benefits as well as worker's compensation indemnity benefits, the applicant's pain management physician reported on December 5, 2014 and on June 26, 2014. While the primary treating provider (PTP) stated that ongoing medication consumption was beneficial on his April 30, 2015, progress note, this was not quantified. The attending provider did not identify either quantifiable decrements in pain or meaningful, material and/or substantiative improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was 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 Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider failed to establish how (or if) ongoing usage of ibuprofen was or was not effectual here. The fact that the applicant remained off of work, coupled with the fact that ongoing usage of ibuprofen failed to curtail the applicant's dependence on other forms of medical treatment, including opioids such as Norco and/or frequent SI joint injections, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

