

<b>Case Number:</b>	CM15-0132054		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 42-year-old male, with a reported date of injury of 03/14/2010. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include right cervical facet joint pain, left cervical facet joint pain, central disc protrusion with mild central stenosis and mild bilateral neural foraminal stenosis, status post C4-5 ProDisc artificial disc replacement, and cervical facet joint arthropathy. Treatments and evaluation to date have included oral medications, topical pain medication, bilateral cervical facet radiofrequency nerve ablation, and cervical pro disc replacement on 08/29/2010. The diagnostic studies to date have not been included in the medical records provided for review. The medical report dated 06/08/2015 indicates that the injured worker had bilateral lower neck pain and interscapular pain. It was noted that his cervical range of motion as 50% worse due to increased spasm. The physical examination showed restricted cervical range of motion due to pain in all directions, cervical extension worse than cervical flexion, positive cervical spasms, tenderness upon palpation of the bilateral cervical paraspinal muscles overlying the C5-7 facet joints, positive cervical discogenic and facet joint provocative maneuvers, spasms in the neck and the trapezius, negative bilateral nerve root tension signs, normal muscle strength in all limbs, and positive muscle reflexes and symmetry bilaterally in the upper extremities. The injured worker's work status was full-time with full-duty as of 08/10/2013. The plan included follow-up in four weeks. The treating physician requested Norco 10/325mg #180 and Ibuprofen 600mg #60 with three refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg by mouth every 4 hours as needed for pain, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 11/12/2014. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Ibuprofen 600mg, 1 tab by mouth twice a day, with 3 refills, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-73.

**Decision rationale:** Motrin (Ibuprofen), is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute and chronic pain. There is no evidence of long-term effectiveness for pain or function. The documentation indicates the claimant has had significant neck pain. Guidelines recommend a maximum dose of Motrin of 3,200 mg/day. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Motrin is not medically necessary.

