

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0132399 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 10/01/1995 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 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: 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 injured worker is a 46 year old male who sustained an industrial injury on 10/1/95. The injured worker was diagnosed as having lumbago and ankle pain. Treatment to date has included ankle surgery, injections into the lower back, urine drug screens and medication. He is working. On 4/30/15 pain was rated as 7/10 with medication. On 6/2/15 pain was rated as 9/10 with medication and 10/10 without medication. The injured worker had been taking Ibuprofen and Norco since at least 1/6/15. In the provider's progress note dated 7/2/15, the injured worker complained of right shoulder, right lower back, and right leg pain. He rated it 9/10 without medication and 7/10 with medication. He is able to perform his activities of daily living. On examination the shoulders were normal, the lower back had tenderness on facet palpation and decreased range of motion, the left ankle was tender with decreased range of motion. The treating physician requested authorization for Ibuprofen 800mg #360 and Norco 10/325mg #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 72.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Chp 3 pg 47, 49; Chp 12 pg 299; Chp 14 pg 370, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen (Motrin) is a non-steroidal anti-inflammatory medication (NSAID). It is recommended to treat mild to moderate pain. It is available over-the-counter as 200 mg tablets and by prescription as 400 mg and 800 mg tablets. The MTUS notes that doses over 400 mg do not provide greater pain relief. NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has not been diagnosed with osteoarthritis. He has had stable chronic musculoskeletal pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Therefore the request is not medically necessary.

Norco 10/325mg #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that first-line medications have been tried and failed. However, the patient has been treated for this injury for 20 years and the records reviewed only cover the last 6 months. There is good documentation that use of medication lowers pain and improves function. The patient is working. The provider also has been following the MTUS guidelines for chronic use of opioids in that regular urine drug screens have been performed. Considering all the above information, the request for continued use of Norco is medically necessary and has been established.