

Case Number:	CM15-0187211		
Date Assigned:	09/29/2015	Date of Injury:	08/16/2012
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/23/2015

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: Emergency 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 36 year old male with an industrial injury date of 08-16-2012. Medical records indicate he is being treated for low back pain, right shoulder pain and ankle degenerative joint disease. Subjective complaints (08-12-2015) included low back pain, ankle pain and right shoulder pain. A numeric pain rating or activities of daily living are not indicated in the medical records. Work status is documented as "retired." Objective findings (08-12-2015) included "back tender" lower lumbar spine. Right shoulder "slightly tender." Prior treatments are documented as medications to include Norco (at least since 03-13-2015), Gabapentin and Ibuprofen (at least since 05-13-2015.) Medical record review does not indicate urine drug screen, pain agreement or adverse effects. The treatment request is for Norco 10-325 mg #120 and Ibuprofen 800 mg #90. On 08-19-2015 utilization review denied the request for Ibuprofen 800 mg # 90 and modified the request for Norco-325 mg #120 to Norco 10-325 mg # 90.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain, ankle pain and right shoulder pain. A numeric pain rating or activities of daily living are not indicated in the medical records. Work status is documented as "retired." Objective findings (08-12-2015) included "back tender" lower lumbar spine. Right shoulder "slightly tender." Prior treatments are documented as medications to include Norco (at least since 03-13-2015), Gabapentin and Ibuprofen (at least since 05-13-2015). Medical record review does not indicate urine drug screen, pain agreement or adverse effects. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has low back pain, ankle pain and right shoulder pain. A numeric pain rating or activities of daily living are not indicated in the medical records. Work status is documented as "retired." Objective findings (08-12-2015) included "back tender" lower lumbar spine. Right shoulder "slightly tender." Prior treatments are documented as medications to include Norco (at least since 03-13-2015), Gabapentin and Ibuprofen (at least since 05-13-2015). Medical record review does not indicate urine drug screen, pain agreement or adverse effects. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800mg #90 is not medically necessary.