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| <b>Case Number:</b>   | CM15-0188056 |                              |            |
| <b>Date Assigned:</b> | 09/29/2015   | <b>Date of Injury:</b>       | 07/02/1998 |
| <b>Decision Date:</b> | 11/09/2015   | <b>UR Denial Date:</b>       | 09/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2015 |

### 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, Illinois

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 61 year old female who sustained an industrial injury on 07-02-1998. Current diagnoses include lumbar pain, neck pain, and chronic pain syndrome. Report dated 08-13-2015 noted that the injured worker presented with complaints that included neck pain and lower back pain. Pain level was documented as "consistent since her last appointment". Current medications include wellbutrin XL, Norco, and ibuprofen. Physical examination performed on 08-13-2015 revealed right ileolumbar tender taut band, limited lateral rotation and flexion secondary to the right lower back pain. Previous diagnostic studies included a urine drug screening. Previous treatments included medications, surgical intervention, chiropractic, and home exercises. The treatment plan included returning to clinic in 30 days, Norco, and ibuprofen ("no Rx given has enough"). The utilization review dated 09-01-2015, non-certified the request for Norco and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #80:** 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): Introduction, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 07-02-1998. The medical records provided indicate the diagnosis of lumbar pain, neck pain, and chronic pain syndrome. Treatments have included wellbutrin XL, Norco, and ibuprofen. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #80. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not certain how long the injured worker has been on this medication, but the records indicate the pain has remained the same. There was no documentation of the pain in numerical scale, neither was there a documentation of the effects of the medication on pain. Also, there was no documentation of monitoring of activities of daily living. Also, the Medical records do not indicate there is overall improvement with the use of the medication ( the MTUS defines overall improvement as: clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam; and a reduction in the dependency on continued medical treatment). Therefore, the requested treatment is not medically necessary.

**Ibuprofen 800 mg #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), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The injured worker sustained a work related injury on 07-02-1998. The medical records provided indicate the diagnosis of lumbar pain, neck pain, and chronic pain syndrome. Treatments have included wellbutrin XL, Norco, and ibuprofen. The medical records provided for review do not indicate a medical necessity for Ibuprofen 800 mg #90. Ibuprofen is an NSAID. The MTUS recommends that the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS states that doses of Ibuprofen greater than 400 mg have not provided greater relief of pain. Also, the MTUS states, " Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The records do not indicate the injured worker is being monitored as recommended above; also, the higher dose of the medication is being used at the cost of higher adverse effects, but with no evidence of overall improvement. The request is not medically necessary.