

Case Number:	CM15-0195043		
Date Assigned:	10/08/2015	Date of Injury:	04/04/1996
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 4-4-96. The injured worker was diagnosed as having lumbago; lumbar spondylosis; ankle derangement. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 8-7-15 indicated the injured worker complains of long-term pain in back and ankle. The provider documents "Norco reduces pain along with Ibuprofen and he is able to do things around the house and be active with family. He has history of lumbar spondylosis and ankle derangement. No side effects and no aberrant behavior. He presented with back pain. In addition, he presented with is able to cook." On physical examination, the provider notes a ankle exam "ankle swelling at Achilles tendon and presence of a scar, palpation ankle tender at Achilles tendon, range of motion-ankle decreased dorsi flexion, pain with dorsi flexion, decreased plantar flexion, pain with plantar flexion, decreased eversion, pain on eversion, decreased inversion, pain on inversion and pain with range of motion. Spine, ribs, and pelvis: spine tender at lumbar spine, tender at facet joint, decreased flexion, decreased extension and decreased lateral bending." The treatment plan includes a continuation of medications. Provider notes "He has a lot of pain which is well relieved with Norco. No side effects and not aberrant behavior. There is no documentation of the initial start date for Norco or ibuprofen, but notes show the injured worker has been prescribed since 2015. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-2-15 and modified the certification for Norco 10-325mg, #150 with 2 refills to allow with NO REFILLS to allow for weaning and non-

certification for Ibuprofen 800mg, #90 with 2 refills. A request for authorization has been received for Norco 10-325mg, #150 with 2 refills and Ibuprofen 800mg, #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #150 with 2 refills: 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 California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Ibuprofen 800mg, #90 with 2 refills: Overturned

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline

recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.