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| <b>Case Number:</b>   | CM15-0198460 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 03/03/2010 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 09/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2015 |

### 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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic wrist and forearm pain reportedly associated with an industrial injury of March 3, 2010. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for Motrin and Norco. The claims administrator referenced an August 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On the August 24, 2015 office visit at issue, the applicant reported ongoing complaints of wrist and shoulder pain, 8/10 without medications versus 5/10 with medications. The attending provider contended that the applicant was working at a rate of 35 to 40 hours a week. The applicant received trigger point injection therapy several months prior, it was reported. The applicant was on Motrin and Norco, it was stated in various sections of the note. The applicant was working; it was reiterated in the social history section of the note. Trigger point injection therapy and physical therapy were sought while the applicant's medications were seemingly continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 2 refills:** Overturned

**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): Anti-inflammatory medications.

**Decision rationale:** Yes, the request for ibuprofen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the first-line treatment in the chronic pain context present here. Here, the attending provider established on August 24, 2015 that ongoing usage of medications was beneficial and noted that the applicant had returned to work at a rate of 35-40 hours a week with ongoing Motrin usage. Ongoing medication consumption was ameliorating the applicant's ability to sit, stand, and walk, the applicant suggested in a questionnaire dated August 24, 2015. Continuing the same, on balance was indicated. Therefore, the request was medically necessary.

**Norco 10/325mg #60:** Overturned

**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, criteria for use.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained successful return to work at a rate of 35-40 hours a week, the treating provider reported on August 24, 2015. Ongoing usage of Norco was diminishing the applicant's pain scores from 8/10 without medications and 5/10 with medications, the applicant reported on a questionnaire of that date, and also suggested that ongoing usage of Norco was facilitating the applicant's ability to sit, stand, walk, dust, wash dishes, and perform other non-work activities of daily living. On balance, it did appear that the applicant was profiting from ongoing Norco usage in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was medically necessary.