

<b>Case Number:</b>	CM15-0203422		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, California

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 37 year old female who sustained an industrial injury on 6-28-2012. A review of medical records indicates the injured worker is being treated for chronic back pain. Medical records dated 9-29-2015 noted that medications are beneficial in maintaining her ability to engage in the level and intensity of the activities through the day and notes her quality of life is better on the medications than off. She is able to work with medications. Per the note dated 9/29/15, the patient had complaints of chronic low back pain. Station and gait were consistent with body habitus. The pelvis was level in the standing position. She had no foot drop with gait. Treatment has included Ibuprofen and Norco since at least 3-3-2015. The medication list includes Ibuprofen, Norco, Flexeril and Amitriptyline. A recent urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** Request: Norco 10/325mg #30. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Per the clinical note dated 9/29/15 the physical examination revealed that her station and gait were consistent with body habitus. The pelvis was level in the standing position. She had no foot drop with gait. Significant functional deficits on physical examination that would require Norco were not specified in the records provided. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (anticonvulsants), without the use of opioids, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work, is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Norco 10/325mg #30 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Ibuprofen 800mg, 3x daily #90:** 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): Anti-inflammatory medications.

**Decision rationale:** Request: Ibuprofen 800mg, 3x daily #90. Ibuprofen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain and is taking Ibuprofen for this injury. The patient had diagnoses of chronic back pain. Medical records dated 9-29-2015 noted that medications are beneficial in maintaining her ability to engage in the level and intensity of the activities through the day and notes her quality of life is better on the medications than off. She is able to work with medications. Per the note dated 9/29/15, the patient had complaints of chronic low back pain. NSAIDS like Ibuprofen are first line treatments to reduce pain. The request for Ibuprofen 800mg, 3x daily #90 is medically necessary and appropriate in this patient.