

Case Number:	CM15-0020352		
Date Assigned:	02/09/2015	Date of Injury:	05/15/2010
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: Florida, New York, Pennsylvania
 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 61 year old female with an industrial injury dated May 15, 2010. The injured worker diagnoses include anterior cervical fusion C4-7 in 2011, right shoulder surgery for a rotator cuff tear in 2012, left knee arthroscopic surgery for a meniscal tear in 2011, and lumbar disc disease on MRI scan. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, consultation and periodic follow up visits. According to the progress note dated 12/3/2014, the treating physician noted the physical examination remained unchanged from previous evaluation. The treating physician also noted that the injured worker continues to require pain evaluation for pain management of neck, back, left ankle and right shoulder. The treating physician prescribed Norco 10/325mg, #60 (1 every 8hrs as needed) and Ibuprofen 500mg, #60 (One 2x a day). Utilization Review determination on January 15, 2015 modified the request to one month supply of Norco 10/325mg for weaning purposes and denied the request for Ibuprofen 500mg, #60 (One 2x a day), citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 (1 every 8hrs as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Page(s): 79, 80, 81.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. Continuation of the use of opioids would be best assessed on the basis of a return to work and evidence for improved functioning and reduced pain. Chronic opioid use is under study as there is a lack of evidence to allow for a treatment recommendation. Discontinuation should be considered with the following: (a) If there is no overall improvement in function, unless there are extenuating circumstances (b) Continuing pain with the evidence of intolerable adverse effects (c) Decrease in functioning (d) Resolution of pain (e) If serious non-adherence is occurring (f) The patient requests discontinuing. If used on a long-term basis, the criteria for use of opioids should be followed. This member was found to have had a stable condition with no documented evidence for reduction in pain or improvement in function related to the use of opioids. In the face of evidence for limited utility for improved function, recommendations for short term use and the ongoing risk for rebound pain and dependence, continued use of Norco cannot be supported. The UR Modification is supported.

Ibuprofen 500mg, #60 (One 2x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Page(s): 22.

Decision rationale: The UR contention is that Acetaminophen and NSAID's are not recommended for chronic use. However Acetaminophen and NSAID's remain the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Also a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain did conclude that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in managing chronic LBP as well as the family of antidepressants. The dilemma is that the details provided in the medical record do not quantify pain relief or provide evidence on the functional impact of the use of the medication and any utility with ADL's. Therefore the use of Ibuprofen cannot be justified and the UR Non-Cert would not be supported.

