

<b>Case Number:</b>	CM15-0023569		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male injured worker suffered and industrial injury on 7/19/2013. The diagnoses were bilateral inguinal hernias, lumbar disc protrusion and left wrist pain. The diagnostic studies were magnetic resonance imaging and electromyography. The treatments were bilateral inguinal hernia repairs and medications. The treating provider reported continued to have low back pain with decreased range of motion and positive straight leg raise. The Utilization Review Determination on 1/20/2015 non-certified: 1. Norco 10/325mg #90, MTUS. 2. Ibuprofen 400mg #120, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/16/15 report, the patient presents with lower back pain s/p hernia surgery. The patient's diagnoses include: Left wrist pain and lumbar disc protrusion. The current request is for NORCO 10/325mg #90, Hydrocodone, an opioid. The RFA is not included. The 01/20/15 utilization review states the RFA is dated 01/06/15. The reports do not state if the patient is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed Hydrocodone since at least 09/11/14. The 4A's have not been documented as required by the MTUS guidelines: No evidence of Analgesia is provided; No specific ADL's are mentioned to show a significant change with use of this medication; Adverse Side Effects and Adverse Behavior are not discussed. Furthermore, no UDS's are provided or documented; there is no discussion of CURES or a pain contract; and no outcome measures are provided. In this case, the request IS NOT medically necessary.

**Ibuprofen 400mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** Per the 01/16/15 report, the patient presents with lower back pain s/p hernia surgery. The patient's diagnoses include: Left wrist pain and lumbar disc protrusion. The current request is for IBUPROFEN 400 mg #120. The RFA is not included. The 01/20/15 utilization review states the RFA is dated 01/06/15. The reports do not state if the patient is currently working. MTUS Anti-inflammatory medications page 22 state, "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." MTUS also states comprehensive clinical trials support NSAIDS in lower back pain. This medication is indicated as a first line treatment for the patient's pain and has been prescribed since at least 10/28/14. However, the treater does not discuss this medication in the reports provided or state whether it helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.