

Case Number:	CM15-0032144		
Date Assigned:	02/25/2015	Date of Injury:	09/23/2011
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, 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 58 year old female, who sustained an industrial injury on 09/23/2011. She has reported subsequent back and knee pain and was diagnosed with low back pain, spondylolisthesis, lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/02/2015, the injured worker complained of 7/10 with medication and 9/10 without medication. Objective physical examination findings were notable for palpation of the paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger points of the lumbar spine and tenderness to palpation of the lateral joint line and restricted range of motion of the left knee. Requests for authorization of Ibuprofen and Norco refills were made. On 01/20/2015, Utilization Review non-certified a request for Ibuprofen, noting that the medication is not recommended for long term use and modified a request for Norco from 10-325 mg #120 to #60, noting that there was no evidence of efficacy. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen for over 6 months with stable 2 point drop in pain score from 10/10 to 7/10 when using Ibuprofen and Norco. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The contribution of Ibuprofen to pain control is not noted. The pain score differential is minimal. Continued use of Ibuprofen is not medically necessary.

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months without significant improvement in pain (Constant 10/10 to 7/10 with medication) or function. There is no indication of Tylenol failure. The continued use of Norco is not medically necessary.