

<b>Case Number:</b>	CM15-0033003		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old male who reported an injury on 02/01/2003. The mechanism of injury was not stated. The current diagnoses include chronic pain syndrome, effusion of the lower leg joint, displacement of lumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and status post fall. The injured worker presented on 02/05/2015 with complaints of 4/10 pain with medication and 6/10 pain without medication. The current medication regimen includes ibuprofen 800 mg and Norco 10/325 mg. Upon examination, there was mild tenderness at the T10-L4 process, lumbar paraspinal muscle tenderness without spasm, 80 degrees flexion, 10 degrees extension, 50 degrees right and left lateral bending, tenderness over the left knee, audible and palpable crepitus with lateral strain, 2+ deep tendon reflexes, and tenderness along the medial joint line of the right knee with audible and palpable crepitus. Recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has utilized the above the medication since at least 08/2014. The guidelines do not support long term use of NSAIDs. The request for ibuprofen 800 mg with 3 refills would not be supported. Given the above, the request cannot be determined as medically appropriate in this case.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized the above the medication since at least 08/2014. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was no evidence of a failure of nonopioid analgesics. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.