

Case Number:	CM15-0034393		
Date Assigned:	03/02/2015	Date of Injury:	10/10/2005
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	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

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 injured worker is a 44 year old male, who sustained an industrial injury on 10/10/05. He has reported back pain. The diagnoses have included status post lumbar surgery (2007), active/chronic right lower extremity radiculopathy and chronic low back pain. Treatment to date has included lumbar surgery and oral pain medications. Currently, the injured worker complains of moderate pain in lower back. Physical exam revealed a well healed incision of lumbar area and non-tenderness to palpation. On 1/23/15 Utilization Review non-certified Ibuprofen 80 mg 1 tablet 3 times per day #90, noting he has been on this medication long term without any documentation of significant derived benefit through prior long term use and Norco 10/325mg 1 tablet every 4-6 hours as needed, noting the medical records do not clearly reflect continued analgesia and continued functional benefit. The MTUS, ACOEM Guidelines, was cited. On 2/23/15, the injured worker submitted an application for IMR for review of Ibuprofen 80 mg 1 tablet 3 times per day #90 and Norco 10/325mg 1 tablet every 4-6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 1 tab orally 3x/day#90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71-72.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for IBUPROFEN 800MG 1 TAB 3X/DAY #90. Per 01/02/15 progress report, the patient is currently taking Norco and Methadone. The patient is currently working without restrictions. For anti-inflammatory medications, the MTUS Guidelines page 22 states, anti-inflammatory 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. NSAIDs are effective for chronic LBP, MTUS also states. In this case, the patient has been utilizing Ibuprofen since 12/29/14. There is no documentation regarding Ibuprofen, except this patient has had no blood work for the past eight months. He is taking Ibuprofen intermittently. He has been told not to let the dosage exceed 400mg 203 times per day maximum. This patient does suffer from chronic low back pain for which the use of NSAIDs is indicated per MTUS. However, there is no indication how Ibuprofen has helped the patient in terms of pain reduction or functional improvement. Regarding medications for chronic pain, MTUS page 60 require a recording of pain and function. The requested Ibuprofen IS NOT medically necessary.

Norco 10/325mg 1 tab orally every 4 hours #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for NORCO 10/325MG 1 TAB EVERY 4 HOUR, #84. Per 01/02/15 progress report, the patient is currently taking Norco and Methadone. The patient started utilizing Norco prior to 12/29/14. The patient is currently working without restrictions. Per 01/21/15 progress report, the previous prescription for 84 was not a significant amount enough to decrease this patient's severity of pain and discomfort. The treater will increase that value today in order to bridge prior to his evaluation by pain management. Regarding chronic opiate use, MTUS guidelines page 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 4A's (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. MTUS guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate

monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.