

Case Number:	CM15-0035350		
Date Assigned:	03/03/2015	Date of Injury:	06/06/2006
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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: Texas, 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 59 year old female, who sustained an industrial injury on 06/06/2006. On provider visit dated 01/08/2015 the injured worker has reported lower backache and bilateral knee pain. The diagnoses have included disc disorder lumbar, lumbar facet syndrome, and knee pain and mood disorder other. Treatment to date has included medication. Treatment plan included continue all medication at current dose. On examination, she was noted to have a restricted range of motion of lumbar spine, on palpation of paravertebral muscles, lumbar facet loading was positive on the right side and tenderness noted over the right piriformis. On 01/26/2015 Review non-certified Ibuprofen 800mg per 01/08/15 Qty: 60.00 with one refill and one refill of Norco 10/325mg, per 01/08/15 Qty: 30.00. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg per 01/08/15 note Qty: 60.00 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 69 and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Request: Ibuprofen 800mg per 01/08/15 note Qty: 60.00 with one refill. Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had knee pain and low back pain. Patient is having objective findings on physical examination including tenderness and restricted range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Ibuprofen 800mg per 01/08/15 note Qty: 60.00 with one refill are medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

One refill of Norco 10/325mg, per 01/08/15 note. Qty: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Request: One refill of Norco 10/325mg, per 01/08/15 note. Qty: 30.00. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of one refill of Norco 10/325mg, per 01/08/15 note, Qty: 30.00 are not established for this patient at this time.

