

Case Number:	CM15-0047182		
Date Assigned:	03/19/2015	Date of Injury:	06/27/2013
Decision Date:	04/20/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/12/2015

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: Massachusetts

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 36 year old male with an industrial injury dated June 27, 2013. The injured worker diagnoses include degenerative disc disease of the lumbar spine with left radiculopathy. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/29/2015, the injured worker reported low back pain radiating down his left leg and to his feet and toes. The injured worker also reported some numbness to lateral thigh, lateral calf and toes. Objective findings revealed mild to moderate distress, tenderness over the lower lumbar spine and left paraspinal muscles with palpable spasm. The treating physician prescribed Ibuprofen and Norco now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tabs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 64, 68-69, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain with left lower extremity radiculopathy. The requesting provider documents pain as decreasing from 8/10 to 6/10 with medications. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

Norco 5/325 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 64, 68-69, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain with left lower extremity radiculopathy. The requesting provider documents pain as decreasing from 8/10 to 6/10 with medications. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing a decrease in pain. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.