

<b>Case Number:</b>	CM15-0055759		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Internal Medicine

### 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 8/10/2011. Her diagnoses, and/or impressions, include cervical sprain with spondylosis, degenerative disc disease, stenosis and radiculopathy; lumbar strain with spondylosis, advanced degenerative disc disease, moderate-severe central and bilateral neural foraminal stenosis, and radiculopathy. Current magnetic resonance imaging studies are not noted. Her treatments have included cervical and lumbar epidural steroid injection therapy - with excellent improvement - 2 years prior; and medication management. The physician's report of 1/5/2015, note she reported increased pain and spasm and radiating neck pain into her right arm and hand, associated with numbness and tingling; radiating low back pain into the left buttock and down the left leg into her foot, associated with numbness in both feet; also that she had met maximum medical improvement in 12/2011. The physician's treatment requests included Norco and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (unspecified dose and qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation DEA Practitioner's Manual Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. The primary treating physician's progress reports dated 1/5/15 and 2/2/15 did not document the strength, dosage, quantity, and directions for use of Norco. Norco 10/325 mg is a schedule II Hydrocodone combination product. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request and the submitted medical records. Therefore the request for Norco cannot be endorsed. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Norco is not supported by MTUS & ACOEM guidelines. Therefore, the request for Norco is not medically necessary.

**Ibuprofen (unspecified dose and qty):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation DEA Practitioner's Manual Valid Prescription Requirements <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs

can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The primary treating physician's progress reports dated 1/5/15 and 2/2/15 did not document the strength, dosage, quantity, and directions for use of Ibuprofen. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request and the submitted medical records. Therefore the request for Ibuprofen cannot be endorsed. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Ibuprofen is not supported by MTUS guidelines. Therefore, the request for Ibuprofen is not medically necessary.