

Case Number:	CM15-0232937		
Date Assigned:	12/08/2015	Date of Injury:	01/22/2001
Decision Date:	01/21/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	11/30/2015

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: Pennsylvania, Ohio, 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 48 year old female with an industrial injury date of 01-22-2001. Medical record review indicates she is being treated for arthropathy, low back pain, fibromyalgia and long term (current) use of opiate analgesic. Subjective complaints (10-21-2015) included back pain described as aching and constant. Other complaints included neck pain and headache. The pain was rated as 5 out of 10 with medication and 8 out of 10 without medication. Activities of daily living is documented as the injured worker "can perform self-care, is able to bathe, is able to brush teeth, is able to cook, is able to do laundry, is able to dress, is able to drive, is able to manage medication and is able to shop." Work status is not indicated in the 10-21-2015 treatment note. Current medications (10-21-2015) included Soma and Ambien, Phenergan, Ibuprofen and Norco. Medical record review indicates the injured worker has been taking Norco and ibuprofen since at least (01-02-2015). Prior medications included Xanax and Ativan. Prior treatment included TENS unit and medications. Documentation noted urine drug screen was collected at the 10-21-2015 visit. Physical examination (10-21-2015) is documented as oriented to person, place and time and in no acute distress. On 11-23-2015 the request for Norco 10-325 mg quantity 180 was modified to a quantity of 146. The request for Ibuprofen 800 mg quantity of 90 was modified to a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to the lack of objective documentation of functional benefit. However MTUS does not require objective functional improvement to support benefit from NSAIDs; reported subjective improvement as in this case also is consistent with MTUS guidelines. This request is medically necessary.

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.