

Case Number:	CM14-0125776		
Date Assigned:	08/13/2014	Date of Injury:	08/29/2007
Decision Date:	09/26/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old male who was injured on 08/29/07 while putting a ladder on a truck, slipped and fell off the truck, and landed on his buttocks. The injured worker had acute mild pain and continued to work for a couple of days. After a long weekend, the injured worker was unable to get out of bed due to weakness in his legs and numbness from the waist down. The injured worker had undergone series of evaluations that included x-rays, CT scan myelogram and MRIs. With findings of severe multilevel spinal stenosis the injured worker underwent surgery on 09/07/07 with bilateral L2, L3, L4 L5 and S1 decompressive laminectomies, medial facetectomy and foraminotomy. The injured worker also developed superficial wound dehiscence and had VAC dressing for a month. Physical therapy was started 3 months post-surgery. Documentation indicated the injured worker had an acute pain in the back radiating up to the neck after he started a pump motor, and subsequently began to notice numbness along the medial aspect of his thigh and feelings of increased weakness. The injured worker was put on steroid therapy and put back on physical therapy. Current diagnoses include failed low back syndrome, right lumbar radiculopathy, lumbar facet osteoarthritis, cervical degenerative disc disease, and cervical sprain/strain. Clinical note dated 10/25/13 indicated the injured worker presents with chronic back pain which is mainly controlled with medication and conservative measures. The injured worker reports a high level of interference with work, concentration, mood, sleep patterns and overall functioning due to chronic pain. Physical examination revealed tenderness and tightness across the lumbosacral area with about 30% restriction of range of motion in all planes, mild positive right straight leg raise, mild dysesthesia and hypoesthesia of the right lower extremity and postero-lateral aspect right upper arm. Clinical note dated 02/21/14 indicated the injured worker's chronic low back pain was aggravated by recent flu with coughing. He also sustained umbilical hernia from coughing that will need surgery. Clinical

note dated 04/25/14 indicated the injured worker's pain level is 6/10 with medication, and 8-9/10 without medication. He also indicated the medication has helped him with activities of daily living such as walking, caring for children and taking shower by himself. Physical examination revealed the same findings. Plan of management include conservative measures like ice/heat, rest and gentle stretching and exercise. Medications include Norco tab 10/325 mg and Ibuprofen tab. Clinical note dated 07/15/14 indicated pain level has been stable since last visit. Pain level was rated as 6/10 with medication and 8-9/10 without medication. He indicated the medication helped him with activities of daily living such as walking, caring for children and taking shower. The request for 1 prescription of Norco 10/325mg #240, 3 refills and Ibuprofen 800mg #90, 3 refills were previously modified to certification on 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medication, Norco 10/325mg tab. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There is also no documentation of recent opioid risk assessment nor were any urine drug screen reports made available for review. VAS pain level was consistent at 6/10 which questions the efficacy of the medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity cannot be established at this time.

Ibuprofen 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDS are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDS are more

effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. The patient has been on Ibuprofen for several years now. Food and Drug Administration mandate periodic lab monitoring for CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Further, there is no indication the patient cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request cannot be established as medically necessary.