

Case Number:	CM14-0098382		
Date Assigned:	07/28/2014	Date of Injury:	01/05/2006
Decision Date:	09/18/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; multiple lumbar spine surgeries; and introduction of spinal cord stimulator. In a Utilization Review Report dated June 12, 2014, the claims administrator partially certified a request for Norco and denied a request for ibuprofen. The applicant's attorney subsequently appealed. In a medical legal evaluation dated August 10, 2006, the applicant was described as continuing to work as a phlebotomist at that point in time. In a June 5, 2014 progress note, somewhat blurred as a result of repetitive photocopying, the applicant presented with a flare of radicular pain to left thigh. The applicant's work status and medications were not clearly stated. On April 7, 2014, the applicant apparently presented for "pain management" purposes. Work restrictions were endorsed. The applicant was given a prescription for Norco. There was no discussion of medication efficacy. The applicant was using a spinal cord stimulator, it was stated. It was not clearly established whether or not the applicant was working as of this date. In a medical legal evaluation of March 14, 2014, it was seemingly suggested that the applicant was working as a phlebotomist. In a letter dated April 22, 2014, the attending provider stated that the applicant was in constant pain which was ameliorated by the spinal cord stimulator, Norco, and Motrin. The attending provider posited the ongoing usage of Norco and Motrin was ameliorating the applicant's ability to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, it does appear that the applicant has returned to work and maintained fulltime work status as a phlebotomist, reportedly affected through ongoing usage of the spinal cord stimulator, Motrin, and Norco, the attending provider has posited. The applicant's primary treating provider has also reported, albeit incompletely at times, that the applicant is improving in terms of performance of some activities of daily living through ongoing usage of Norco and other agents, in areas including sleep and pain reduction. This, coupled with the applicant's successful return to work, does make a compelling case for continuation of the same. Therefore, the request of Norco 5/325mg #60 with 2 refills is medically necessary and appropriate.

Ibuprofen 800mg #90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medication such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The attending provider, in this case, has established medication efficacy through several progress notes and appeal letters referenced above. The applicant's medical legal evaluator has suggested that the applicant has achieved and/or maintained successful return to work status, reportedly achieved and/or affected through ongoing usage of spinal cord stimulator, Motrin, and Norco. Continuing the same, on balance, is therefore indicated. Accordingly, the request of Ibuprofen 800mg #90 with 2 refills is medically necessary and appropriate.