

<b>Case Number:</b>	CM14-0194845		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 39-year-old female who has submitted a claim for lumbar strain, thoracic sprain, and lumbosacral spondylosis, associated with an industrial injury date of January 10, 2014. Medical records from 2014 were reviewed. The patient complained of persistent back pain, even with medication intake. Physical examination of the lumbar spine showed tenderness, muscle spasm, and limited motion. Straight leg raise test of the right leg was positive. Trigger points were noted at the gluteal muscles. Reflexes were intact. The urine drug screen from April 30, 2014 showed consistent results with prescription medications. Treatment to date has included physical therapy, and medications such as Celebrex, ibuprofen (since February 2014), Flector patch, and Norco (since February 2014). The utilization review from November 4, 2014 denied the request for Norco 5/325 mg, #16 and ibuprofen 800 mg, #90. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO (HYDROCODONE/ACET) 5-325 MG QTY #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since February 2014. The urine drug screen from April 30, 2014 showed consistent results with prescription medications. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco (hydrocodone/acet) 5-325 mg, qty #60 is not medically necessary.

**IBUPROFEN 800 MG QTY #90:** 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): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on ibuprofen since February 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for ibuprofen 800 mg qty #90 is not medically necessary.