

Case Number:	CM14-0216320		
Date Assigned:	01/06/2015	Date of Injury:	07/10/2008
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 47-year-old male with a date of injury of 07/10/2014. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/24/2014 indicated the worker was experiencing lower back pain, right leg numbness and tingling, and right knee pain. Documented examinations consistently described tenderness in the lower back, positive testing involving raising the straightened right leg, decreased sensation along the paths of the L4 and L5 spinal nerves. The submitted and reviewed documentation concluded the worker was suffering from degenerative disk disease, lumbar disk herniation, chronic pain syndrome, radicular syndrome, lumbar spinal stenosis, and depression. Treatment recommendations included urinary drug testing, medications, and follow up care. A Utilization Review decision was rendered on 12/16/2014 recommending non-certification for ninety tablets of ibuprofen 800mg and modified certification for sixty tablets of Norco (hydrocodone with acetaminophen) 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Regarding Opioids, Long term As.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medication Page(s): 74-95; 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Chronic Pain Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The MTUS Chronic Pain Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Chronic Pain Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain, right leg numbness and tingling, and right knee pain. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion reporting how long the benefit from this specific medication lasted, how often it was used, an exploration of possible negative effects, or an individualized risk assessment. In the absence of such evidence, the current request for ninety tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary.

1 Prescription of Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Chronic Pain Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing lower back pain, right leg numbness and tingling, and right knee pain. There was no documentation describing how often this medication was needed, how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There

was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of ibuprofen 800mg is not medically necessary.