

Case Number:	CM15-0100016		
Date Assigned:	06/02/2015	Date of Injury:	07/28/2004
Decision Date:	06/30/2015	UR Denial Date:	05/10/2015
Priority:	Standard	Application Received:	05/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old male, who sustained an industrial injury on 7/28/04. He has reported initial complaints of right knee, right shoulder, low back and both feet injuries after getting struck by a forklift filled with pallets. The diagnoses have included right shoulder impingement status post- surgery 2/18/05, right knee strain with anterior cruciate ligament (ACL) tear status post right knee replacement on 6/23/09, lumbar strain with left lumbar radiculopathy, right foot pain status post drainage of ganglion cyst, cervical strain, depression and insomnia due to chronic pain. Treatment to date has included medications, activity modifications, diagnostics, consultations, surgery, Transcutaneous electrical nerve stimulation (TENS), bracing, conservative care and physical therapy. Currently, as per the physician progress note dated 4/24/15, the injured worker complains of cervical spine and right shoulder discomfort rated 4/10 on pain scale and right knee discomfort rated 3/10 and with medications. The pain is rated 6/10 without medications and he has trouble with activities of daily living (ADL). He also continues with using the back brace and ice as needed which is helpful. The pain has worsened since previous visits. The physical exam of the shoulders reveals tenderness of the right shoulder, positive impingement sign on the right and decreased active range of motion both shoulders. The knee exam reveals scar over the right knee, there is swelling and puffiness noted, the left knee is tender with mild swelling and extension is 0 degrees bilaterally, flexion is about 100 degrees on the right and 115 degrees on the left. The lumbar spine exam reveals muscle spasm, decreased range of motion, and straight leg raise is positive on the left causing thigh and calf pain. The cervical spine exam reveals tenderness with spasm and active

range of motion is decreased with flexion, extension and right lateral flexion. The current medications included Norco, Ibuprofen, Soma, and Omeprazole. There are no reports of a urine drug screen noted in the records and there are no previous diagnostic test reports noted. There is no previous therapy sessions noted in the records. The physician requested treatments included Norco 10/325 mg quantity of 120 and Ibuprofen 800 mg quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least October 2012 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

Ibuprofen 800 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil [otc], generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain

management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. The patient has been using NSAIDS since at least January 2012 with no documentation of pain and functional improvement. Therefore, the prescription of Ibuprofen 800mg #90 is not medically necessary.