

<b>Case Number:</b>	CM15-0018074		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female, with a reported date of injury of 12/11/2004. The diagnoses include lumbar spine pain and lumbar spine radiculopathy. Treatments have included a cane, anti-inflammatory medications, narcotic medications, physical therapy, and epidural steroid injection. The progress report dated 11/03/2014 indicates that the injured worker complained of pain in the lower back. She rated her pain 5 out of 10 and used a cane for assistance. The low back pain radiated down her hips and legs. The injured worker stated good control with her medications. The physical examination of the lumbar spine showed multiple palpable trigger points in the lumbar-sacral region, loss of lordotic curvature indicating spasms, pain in the bilateral L3-S1 region, positive bilateral straight leg raise test, pain over the lumbar intervertebral spaces on palpation, and limited anterior flexion and extension of the lumbar spine. The treating physician requested Norco 10/325mg #120 since the quantity of #100 barely lasted the injured worker a month, and Ibuprofen 600mg #90. On 01/14/2015, Utilization Review (UR) denied the request for Norco 325mg #120, one tablet four times a day as needed for thirty days and Ibuprofen 600mg #90, one tablet three times a day as needed for thirty days, with two refills. The UR physician noted that there was a lack of documentation of functional improvement with medication, that there was no laboratory analysis indicating that Ibuprofen had not caused adverse events for the injured worker, and that there was no indication of functional improvement with Ibuprofen. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tablet 4 times a day PRN for 30 days #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 78-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 11/03/14 report, the patient presents with lower back pain radiating to the hips and legs. The current request is for Norco 10/325 mg 1 tablet 4 times a day prn for 30 days #120 Hydrocodone, an opioid. The RFA is not included. The patient is working full time with restrictions. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater states in the 10/03/14 report that the patient states she would be unable to work without medications. Pain medications are listed as Ibuprofen and Norco, which have been prescribed since at least 01/29/13. The 12/02/14 report states the patient is stable on the current medication regimen which has not changed for 6 months. The reports further state that medications optimize function and ADLs. Pain is routinely assessed through the use of pain scales which show pain rated 5-8/10 from 09/08/14 to 12/02/14 and as 4/10 on 01/20/15. The patient is noted to be working full time. Opiate management issues are documented. The 11/12/14 report reviews a recent UDS and states that the report is consistent with prescribed medications. On 11/13/14 the treater states, Patient has shown not to have an unusually high risk of adverse effects from opioid. Patient's PMP is consistent with medications prescribed. Patient has been shown to have a low risk of abuse and to be a responsible and compliant drug user. The treater documents patient counseling of the risk of opioid medications. In this case, there is sufficient documentation to support long-term opioid use as required by guidelines. The request is medically necessary.

**Ibuprofen 600mg, 1 tablet 3 times a day PRN for 30 days, #90 with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 78-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Per the 11/03/14 report the patient presents with lower back pain radiating to the hips and legs. The current request is for Ibuprofen 60 mg 1 tablet 3 times a day prn for 30 days, #90 with 2 refills an NSAID. The RFA is not included. The patient is working full time with restrictions. MTUS Anti-inflammatory medications page 22 state, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can

resume, but long-term use may not be warranted. The treater states in the 10/03/14 report that the patient states she would be unable to work without medications. Pain medications are listed as Ibuprofen and Norco, which have been prescribed since at least 01/29/13. The 12/02/14 report states the patient is stable on the current medication regimen, which has not changed for 6 months. The reports further state that medications optimize function and ADL's. Pain is routinely assessed through the use of pain scales which rates pain as 4/10 on 01/20/15. In this case, this medication is considered a first line treatment for the patient's lower back pain, and the treater documents the benefit to the patient. The request is medically necessary.