

Case Number:	CM15-0019266		
Date Assigned:	02/09/2015	Date of Injury:	08/29/2007
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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 57 year old male, who sustained an industrial injury on August 29, 2007. He has reported landing on his buttocks after a slip and fall from a truck. He later suffered weakness in his legs and numbness from the waist down. Current diagnoses have included failed low back pain syndrome, right lumbar radiculopathy, lumbar facet osteoarthritis, cervical degenerative disc disease and cervical sprain/strain. Treatment to date has included diagnostic studies, surgery, spinal cord stimulation trial, epidural steroid injection and medications. On January 9, 2015, the injured worker complained of chronic low back pain. His last injection was noted to be three years ago. He rated his pain as a 6 on a 1-10 pain scale with medication and as an 8-9/10 without medication. Notes stated that the medication continues to help him with activities of daily living such as walking, caring for children and taking a shower. On January 23, 2015, Utilization Review modified a request for Norco 10/325mg #240 to #180, noting the California Chronic Pain Medical Treatment Guidelines. Utilization review modified a request for Ibuprofen 800mg #90 with 2 refills to Ibuprofen 800mg #90, noting the California Chronic Pain Medical Treatment Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco 10/325mg #240 and Ibuprofen 800mg #90 with 2 refills.

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 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Hydrocodone/Acetaminophen, and Weaning of Medications.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for 1 prescription of Norco 10/325 mg #240. For chronic opiate use, the 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 4A's including (analgesia, ADLs, adverse side effects, and adverse behavior). Pain assessment or outcome measures should also be provided and include current pain, average pain, least pain, intensity of pain with medication, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 02/21/2014. Monthly progress reports indicate a decrease in pain utilizing a pain scale with current medication regimen. It is noted the patient is able to participate in activities of daily living such as walking, caring for his children, and taking a shower. It appears the treating physician has provided some documentation of this medication's efficacy. However, recommendation for further use cannot be supported as there is no discussion regarding possible aberrant behaviors as required by MTUS for opiate management. The medical file provided for review does not include any urine drug screenings or CURES report to monitor for compliance. Furthermore, this patient is being prescribed Norco 10/325 mg #240 which exceeds the maximum dosing allowed by MTUS for hydrocodone. MTUS page 60 states the maximum dose allowed for hydrocodone is 60 mg/24-hour period. The requested Norco is not medically necessary.

1 Prescription of Ibuprofen 800mg #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, and Ibuprofen (Motrin).

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

Decision rationale: This patient presents with chronic low back pain. The current request is for 1 prescription of ibuprofen 800 mg #90 with 2 refills. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs "NSAIDs" in chronic LBP and of antidepressants in chronic LBP." Review of the medical file indicates the patient has been utilizing ibuprofen since at least 02/21/2014. In this case, the treating physician provides a

before and-after pain scale to denote a decrease in pain with current medications. It was noted that medications help patient with activities of daily living such as walking, caring for his children, and taking a shower. The use of ibuprofen may be appropriate for this patient given the patient's chronic low back pain, but the request is for #90 with 2 refills. Review of the medical reports indicates that the patient presents for followup appointments on a monthly basis. The additional refills are not indicated until there is adequate documentation of this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The requested ibuprofen 800 mg #90 with 2 refills is not medically necessary.