

<b>Case Number:</b>	CM15-0122098		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Emergency 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 was a 39 year old female, who sustained an industrial injury, July 28, 2008. The injured worker previously received the following treatments Norco, Motrin and Viagra. The injured worker was diagnosed with chronic S1 radiculopathy, 4mm disc herniation at L5-S1 with stenosis and chronic intractable pain. According to progress note of May 18, 2015, the injured worker's chief complaint was lower back pain which radiates down the right lower extremity to the heel. The pain was rated at 8 out of 10 without medications and with medications 4 out of 10. There was documentation of a physical assessment. The progress note of January 26, 2015, noted tenderness of the paravertebral muscles bilaterally. There was decreased sensation on the right S1 dermatome. There no gross deformities. The injured worker walked with a normal gait. The treatment plan included prescription renewals for Norco and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #30, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

**Decision rationale:** Ibuprofen or Motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short-term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. Patient had vague reports of improvement in pain but no objective documentation of improvement was documented. The number of tablets requested refills is excessive and does not meet MTUS guidelines for close monitoring and/or short-term use. Chronic use of ibuprofen is not supported. This prescription for ibuprofen is not medically necessary.

**Norco 10/325mg #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. While provider documents improvement in pain, there is no documentation of any objective functional improvement. Patient is also taking Norco with an excessively frequent schedule, every 3-4hours, which is not consistent with FDA guidelines. The lack of documentation and an inappropriate dosing schedule does not meet criteria to recommend Norco prescription.