

<b>Case Number:</b>	CM15-0123962		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 64-year-old female who sustained an industrial injury on 11/05/14. She reported low back pain after bending. Initial and current diagnoses include lumbago, and lumbosacral spondylosis without myelopathy. Treatments and diagnostic tests to date include MRI with results described as with significant findings, physical therapy, chiropractic care, and pain medication management. In a progress note dated 04/28/15, the injured worker reports constant lower back pain rated as a 6 on a 10 point pain scale, and can be as bad as an 8-9 at its worst. Her condition is worse, and she cannot perform activities of daily living. Past treatments provided partial, brief, or temporary relief; home exercises help minimally, and non steroidal anti-inflammatory medication alone does not provide adequate relief from the pain. Physical examination was remarkable for right lumbar paraspinal tenderness. There is painful range of motion; she arises abnormally. Treatment recommendations, and plan of care includes a goal to decrease her narcotic usage by 70-80%, Norco 10/325 mg #30, and ibuprofen 800 mg #60. The injured worker is under temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; lumbosacral spondylosis without myelopathy; and long-term use of other medications. The date of injury is November 5, 2014. Request for authorization is dated June 10, 2015. The earliest progress note containing prescriptions for Norco 10/325mg and ibuprofen 800 mg is dated December 2, 2014 with a start date for Norco and ibuprofen November 6, 2014. The documentation also indicates the injured worker is taking meloxicam concurrently. According to an April 28, 2015 progress note (the most recent progress note), there is no list of current medications. An April 21, 2015 progress note states the injured worker is still taking Norco 10/325 mg, ibuprofen 800 mg and meloxicam. Subjectively, the injured worker complains of low back pain, worse. There is no documentation demonstrating objective functional improvement with ongoing opiate use. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support ongoing Norco 10/325mg and risk assessments and pain assessments, Norco 10/325mg # 30 is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbago; lumbosacral spondylosis without myelopathy; and long-term use of other medications. The date of injury is November 5, 2014. Request for authorization is dated June 10, 2015. The earliest progress note containing prescriptions for Norco 10/325mg

and ibuprofen 800 mg is dated December 2, 2014 with a start date for Norco and ibuprofen November 6, 2014. The documentation also indicates the injured worker is taking meloxicam concurrently. According to an April 28, 2015 progress note (the most recent progress note), there is no list of current medications. An April 21, 2015 progress note states the injured worker is still taking Norco 10/325 mg, ibuprofen 800 mg and meloxicam. Subjectively, the injured worker complains of low back pain, worse. There is no documentation demonstrating objective functional improvement with ongoing non-steroidal anti-inflammatory drug use. There is no clinical rationale for the use of two non-steroidal anti-inflammatory drugs being taken concurrently (ibuprofen and meloxicam). Ibuprofen was started November 6, 2014. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Consequently, absent clinical documentation demonstrating objective functional improvement and a clinical rationale for the dual use of two non-steroidal anti-inflammatory drugs taken concurrently, ibuprofen 800 mg #60 is not medically necessary.