

<b>Case Number:</b>	CM15-0124340		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	01/18/2001
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 18, 2001. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for ibuprofen and methadone. The claims administrator referenced a progress note dated June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On June 1, 2015, it was acknowledged that applicant was not currently working. 10/10 pain with pain medications was reported. Shoulder, low back, and leg pain were all reported. The applicant was on Motrin, Effexor, Senna, and methadone, it was reported. The applicant BMI is 17. Motrin, methadone, senna, and Effexor were renewed, without any seeming discussion of medication efficacy. Medial branch blocks were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for ibuprofen (Motrin), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was reported on June 1, 2015 progress note in question. The applicant reported 10/10 pain on average, despite ongoing medication consumption, and reported difficulty performing activities of daily living as basic as standing and sitting. Ongoing usage of ibuprofen (Motrin) failed to curtail the applicant's dependence on opioid agents such as methadone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Methadone 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Methadone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for methadone, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant had failed to return to work, it was reported on June 1, 2015. The applicant was no longer working on that date. Severe, 10/10 pain was reported "with pain medications," the treating provider acknowledged. The applicant continued to report difficulty performing activities daily living as basic as sitting and standing, it was reported. It did not appear, in short, the applicant profited from ongoing methadone usage. Therefore, the request was not medically necessary.