

Case Number:	CM15-0173727		
Date Assigned:	09/15/2015	Date of Injury:	08/07/2012
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/03/2015

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:

This 44 year old man sustained an industrial injury on 8-7-2012. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 10-12-2012, 12-19-2014, and 3-25-2015, and an undated hip MRI. Diagnoses include right side low abdominal-flank pain and lumbago. Treatment has included oral medications, acupuncture, and injection therapy. Physician notes dated 7-16-2015 show complaints of low back, left leg, and right upper quadrant pain. The physical examination shows right iliac crest tenderness, left low back and buttock tenderness, left low back and right iliac crest pain with flexion, strength and sensation is normal in the lower extremities, straight leg raise and Lasegue's produce low back pain, knee and ankle reflexes are 1+ and symmetric, and there was no pain noted to the right hip. Recommendations include continue acupuncture, Norco, ibuprofen, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Ibuprofen 800 mg #90 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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 injured worker has low back, left leg, and right upper quadrant pain. The physical examination shows right iliac crest tenderness, left low back and buttock tenderness, left low back and right iliac crest pain with flexion, strength and sensation is normal in the lower extremities, straight leg raise and Lasegue's produce low back pain, knee and ankle reflexes are 1+ and symmetric, and there was no pain noted to the right hip. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800 mg #90 is not medically necessary.

Norco 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

Decision rationale: The requested Norco 10/325 mg #90 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The injured worker has low back, left leg, and right upper quadrant pain. The physical examination shows right iliac crest tenderness, left low back and buttock tenderness, left low back and right iliac crest pain with flexion, strength and sensation is normal in the lower extremities, straight leg raise and Lasegue's produce low back pain, knee and ankle reflexes are 1+ and symmetric, and there was no pain noted to the right hip. The treating physician has documented functional stability from this low opiate load narcotic. The criteria noted above having been met, Norco 10/325 mg #90 is medically necessary.