

<b>Case Number:</b>	CM15-0179577		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/26/2015
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 [REDACTED] employee who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of June 26, 2015. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for Norco, Soma, and Motrin. The claims administrator referenced a progress note dated August 20, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 20, 2015, Norco, Soma, and Motrin were renewed. In an associated progress note of August 20, 2015, the applicant reported ongoing complaints of neck and back pain, 7-8/10. The applicant reported difficulty sleeping and difficulty performing activities of daily living. A lumbar MRI imaging, physical therapy, Norco, Soma, and Motrin were endorsed while the applicant was placed off of work, on total temporary disability. Portions of the note were blurred because of repetitive photocopying and faxing. The applicant had originally been injured via motor vehicle accident. The attending provider stated towards the top of the note that the applicant was currently using Percocet, Soma, and Motrin. 12 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. The attending provider did not state whether he intended for the applicant to employ Norco in conjunction with previously prescribed Percocet or whether he intended for Norco to replace previously prescribed Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that a short course of opioids is deemed "optional" as part of initial approaches to treatment, here, however, the 90-tablet supply of Norco at issue seemingly represent usage in excess of the short course of the therapy for which opioids are deemed optional, per the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49. The MTUS Guideline in ACOEM Chapter 3, page 47, further stipulates that an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed along with some discussion of "any other relevant information" with the applicant so as to ensure proper use and so as to manage expectations. Here, however, the attending provider's August 20, 2015 progress note made no mention whether he intended for the applicant to employ Norco in conjunction with previously prescribed Percocet or whether he intended for Norco to replace previously prescribed Percocet. Therefore, the request was not medically necessary.

**Motrin 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Similarly, the request for Motrin, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that NSAIDs such as Motrin are "recommended" as part of initial courses of treatment, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations, so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's August 20, 2015 progress note failed to incorporate any seeming discussion of medication efficacy. If anything, since the applicant's pain complaints were heightened, 7-8/10, despite ongoing usage of Motrin. The applicant remained off of work, on total temporary disability, it was reported on that date. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Norco and Percocet. 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.