

Case Number:	CM13-0011436		
Date Assigned:	07/02/2014	Date of Injury:	11/30/1999
Decision Date:	07/30/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year old male who was injured on 11/30/1999. The diagnoses are low back pain and status post lumbar laminectomy. On 4/15/2013, [REDACTED] documented a pain score of 2/10 on a scale of 0 to 10. The patient had good quality sleep and normal level of activities. The clinical examination was normal with a normal straight leg raising test, normal sensory and motor tests and no tenderness over the lumbar sacral spine. The FABER test was positive. The medications are Motrin and Norco for pain, Prozac and Requip for neuropsychiatry symptoms. The last UDS was done in 2010. In 2011, the liver and renal function tests was documented as normal. A Utilization Review determination was rendered on 8/5/2013 recommending non certification for Motrin 600mg bid and Norco 10/325mg #180 2 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg twice daily as needed for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Motrin: (Motrin, Advil (OTC), Generic Available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The Chronic Pain Medical Treatment Guidelines addressed the use of NSAIDs(non-steroidal anti-inflammatory drugs) in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and periods of exacerbations or flare ups of musculoskeletal pain. The record indicate that the patient is utilizing Motrin during periods of exacerbation of the chronic back pain. The medication is reported as effective. No side effects have been documented. The criteria for the use of Motrin 600mg twice daily as needed was met, therefore is medically necessary.

Norco 10/325mg one every 4-6 hours as needed for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Actaminophen (Anexsia, Co-Gesic, Hycet,Lorcet, Lortab, Margisic-H, Maxidone, Norco, Stagesic,Vicodin,Xodol, Zydone, Generic Available Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronuc pain that is non responsive to standard NSAIDS, physical therapy and exercise. The required documentation during chronic opioid treatment should include compliance monitoring such as pain contract, UDS, absence of aberrant behavior and improvement in ADL/functional restoration. The record indicate that the pain is rated at 2/10. There is lack of subjective and objective findings indicative of pain of higher severity. There is no up to date documentation of the required compliance monitoring measures. The criteria for the use of Norco 10/325mg #180 2 Refills was not met, therefore is not medically necessary.