MAXIMUS Federal Services

Case Number:	CM13-0025418		
Date Assigned:	12/11/2013	Date of Injury:	04/09/2007
Decision Date:	01/31/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Managment and is licensed to practice in California. 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 physician 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 47-year-old male who reported an injury on 04/09/2007. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the low back. The patient's chronic pain was managed by medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed tenderness to palpation of the lumbosacral area and right leg weakness rated 3/5. It was noted that the patient had a positive pelvic thrust, a positive Gaenslen's maneuver to the right, positive Patrick's maneuver to the right, and pain with palpation over the L4-5 and L5-S1 facets on the right. The patient's medications included ibuprofen 800 mg, Norco 325/10 mg, Prilosec 20 mg, and Topamax 100 mg. The patient's diagnoses included facet mediated spinal pain with radiculopathy, post intralaminar epidural steroid injection, facet arthropathy. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 & 68.

Decision rationale: The requested ibuprofen 800 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by functional benefit and pain relief. The clinical documentation submitted for review does not provide any evidence of increased functional benefit or significant pain relief related to this medication. Therefore, continuation would not be indicated. As such, the requested ibuprofen 800 mg is not medically necessary or appropriate.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The requested Norco 10/325 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by significant pain relief, documentation of functional benefit, management of side effects, and documented monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored with urine drug screens. However, there is no documentation of significant functional benefit or pain relief as a result of this medication. Therefore, continued use would not be indicated. As such, the requested Norco 10/325 mg is not medically necessary or appropriate.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 & 68.

Decision rationale: The requested Prilosec 20 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on a non-steroidal anti-inflammatory drug for an extended duration of time. However, California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at high risk for gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide any evidence that the patient is at high risk for gastrointestinal events related to medication usage. Additionally, the continued use of this medication is not supported by functional benefit or symptom response. As such, the requested Prilosec 20 mg is not medically necessary or appropriate.

Topamax 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 & 16.

Decision rationale: The requested Topamax 100 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by increased functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence that the patient has any functional benefit or symptom response as it is related to this medication. Therefore, continued use would not be indicated. As such, the requested Topamax 100 mg is not medically necessary or appropriate.