

Case Number:	CM13-0028260		
Date Assigned:	11/22/2013	Date of Injury:	03/20/2011
Decision Date:	01/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Pain Medicine and is licensed to practice in 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 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 45-year-old male who reported injury on 03/20/2011, which occurred while descending the stairs at work. The patient's symptoms include lower back pain with no prominent radicular symptoms. His medications are noted to be Norco, Soma, and an analgesic cream, as well as ibuprofen, which he uses for arthritis in his hands, but not his back. Objective findings included slight tenderness of the soft tissues on both sides of the lumbar spine from L1 to L5, only slight increased muscle tone noted, nontender SI joints, full range of motion of the lumbar spine, negative straight leg raise testing, and positive facet joint loading maneuvers with pain in both directions. It was also noted that the patient's deep tendon reflexes were normal to both lower extremities. His diagnoses are listed as chronic low back pain, facet joint arthrosis, lumbar disc disease, history of radiating pain down his right leg and arthritis of his hands as stated by the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids-Hydrocodone Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. A detailed pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Additionally, the guidelines require documentation of the 4A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The guidelines state that the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical information submitted for review fails to provide the detailed documentation required by the guidelines for ongoing use of opioid medications. With the absence of this detailed documentation of pain relief and the 4A's for ongoing monitoring, the request is not supported by guidelines. Therefore, the request is non-certified.

Flurbiprofen 25 mg QTY: 1.00:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain -Topical Analgesics-NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Guidelines state that NSAIDS are recommended as a second line treatment for acute exacerbations of chronic back pain, after a trial of acetaminophen has been failed. It further states that there is conflicting evidence that NSAIDS are more effective than acetaminophen for low back pain; however, NSAIDS have been found to have more adverse effects. The documentation provided for review fails to indicate whether the patient had a trial of acetaminophen for his back pain prior to use of NSAIDS. Additionally, flurbiprofen was not included on the patient's more recent medication list. Therefore, it is not known when or why this medication was prescribed for this patient who is already taking other medications for pain. For these reasons, the request is non-certified.