

Case Number:	CM13-0059770		
Date Assigned:	12/30/2013	Date of Injury:	02/27/1992
Decision Date:	04/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Management, 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 has a history of back pain, neck pain, sciatic pain, and sciatica. Clinical note of 12/04/2013 noted on exam, the patient has back pain, lumbosacral area; pain was moderate to severe with radiation down both legs bilaterally. The patient has diagnoses of rheumatoid arthritis, psoriasis, sciatica, lumbar spine degenerative joint disorder, degenerative disc disorder, cervical degenerative joint disease, degenerative disc disease. The patient's current medication is Hydrocodone 10/325 mg 1 three times a day, Zolpidem ER 12.5 mg 1 at bedtime, Indomethacin ER 75 mg 1 tablet daily. The patient had an injection for trigger points in the lumbar spine at this office visit, the patient tolerated well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indomethacin ER 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 & 72.

Decision rationale: The patient again has a history of diagnosis of rheumatoid arthritis, psoriasis, sciatica, lumbar spine degenerative joint disease, DDD, cervical DJD, DDD. The

patient continues to report moderate to severe lower back pain with radiation, multiple aggravating factors. California Guidelines state for nonsteroidal anti-inflammatory drugs, osteoarthritis including knee and are recommended at the lowest dose for shortest period in patients with moderate to severe pain. Indomethacin, this medication generally is not recommended in elderly due to increased risk of adverse effects. Dosing is for osteoarthritis or ankylosing spondylitis. Patients should be treated with extended release capsules initially 75 mg daily. After the acute phase is under control, attempt to decrease the dosage to the lowest effective dosage or discontinue the drug. Moderate pain to severe pain including painful shoulder as well as off label for bone pain 75 to 150 mg daily. Again, the patient is continued with moderate to severe low back with radiation and multiple aggravating factors. Also, there was a recommendation for length of therapy of 7 to 10 days which the patient has exceeded. Based on clinical information submitted for review and per the guideline recommendations, the request is non-certified.

Hydrocodone-Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 & 78.

Decision rationale: The documentation submitted for review, the patient continues to report moderate to severe pain also still needing trigger point injections at times in order to assist with the pain level. There is no documentation in the paperwork provided showing that the patient has increased function or increased activities of daily living, improved quality of life. California Guidelines note as far for opioids, short acting opioids or normal release are seen as an effective method in controlling chronic pain. Often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Also, noted is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decisions and provide framework for documentation of the clinical use of these controlled drugs. Also, noted opioids should be discontinued if there is no overall improvement in function unless there is any kind of extenuating circumstances and weaning should occur under direct ongoing medical supervision. As per the documentation provided, there is no documentation to show that patient has decreased in pain or had satisfactory response to the medication by any kind of decrease in pain level, increase in function level, or any type of improved quality of life. Therefore, the request is non-certified.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66;124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 & 65.

Decision rationale: On the documentation provided, the physical exam shows the patient continues to have paraspinal spasms, reduced range of motion, and multiple trigger points. Positive response to treatment from the medication has not been indicated by the patient's decrease in pain level, decrease in spasms, increased function level, or any type of improved quality of life. California Guidelines do note that for this medication this formulation is recommended for no longer than 2 to 3 week period. Side effects for the medication are psychological and physical dependence and withdrawal with acute discontinuation. The documentation did not show medical necessity for this medication along with recommended 2-3 week period for this medication. Therefore, the request is non-certified.