

Case Number:	CM13-0064963		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2002
Decision Date:	05/16/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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 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 46 year-old male with a September 11, 2002 industrial injury claim. He has been diagnosed with lumbar radiculopathy; lumbar degenerative disc disease (DDD); hip pain and degenerative joint disease (DJD) status post (s/p) total hip arthroplasty on September 17, 2007. According to the September 5, 2013 medical report from [REDACTED], the patient presents with low back and left hip pain, unchanged from the prior visit. The pain is 7/10 without medications and drops to 2-3/10 with medications. He takes Robaxin 750mg twice daily, Zegerid 40mg; ibuprofen 800mg three times daily; tramadol 50mg every 4-6 hours; Norco 10/325 twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAMADOL 50MG #120 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram[®]).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 75, 93-94.

Decision rationale: According to the September 5, 2013 medical report from [REDACTED], the patient presents with low back and left hip pain, unchanged from the prior visit. The pain is 7/10

without medications and drops to 2-3/10 with medications. The California MTUS guidelines for opioids state that a "satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The physician has reported a decrease in pain with use of medications, including tramadol. This is a satisfactory response according to guidelines. The California MTUS guidelines do not require discontinuing or weaning of pain medications that are providing a satisfactory response. Therefore the request is medically necessary.

ONE PRESCRIPTION OF IBUPROFEN 800MG #90 TWO REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: According to the September 5, 2013 medical report from [REDACTED], the patient presents with low back and left hip pain, unchanged from the prior visit. The pain is 7/10 without medications and drops to 2-3/10 with medications. The California MTUS guidelines state that antiinflammatory medications are the first line treatment, and that a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain (LBP) concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The request for ibuprofen appears to be in accordance with guidelines. Therefore the request is medically necessary.

ONE PRESCRIPTION OF ZEGERID 40MG #30 WITH TWO REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the September 5, 2013 medical report from [REDACTED], the patient presents with low back and left hip pain, unchanged from the prior visit. The pain is 7/10 without medications and drops to 2-3/10 with medications. Zegerid is a proton-pump inhibitor (PPI). The California MTUS guidelines state that a patient is has risk for GI events with high dose or multiple NSAIDs. The patient is taking 800mg ibuprofen three times per day. Which is considered a high dose. The use of a PPI for prophylaxis appears appropriate and in accordance with guidelines. Therefore the request is medically necessary.

ONE PRESCRIPTION OF ROBAXIN 750 #60 WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Methocarbamol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: According to the September 5, 2013 medical report from [REDACTED], the patient presents with low back and left hip pain. The records show the patient has been on Robaxin for a long, since March 21, 2013. The California MTUS guidelines state that muscle relaxants are for short-term treatment of acute exacerbations of chronic low back pain. The prolonged use of Robaxin for chronic back pain without documented acute exacerbation, is not in accordance with MTUS guidelines. Therefore the request is not medically necessary.

ONE PRESCRIPTION OF NORCO 10/325MG #60 WITH TWO REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Opioid Page(s): 88-89.

Decision rationale: According to the September 5, 2013 medical report from [REDACTED], the patient presents with low back and left hip pain, unchanged from the prior visit. The pain is 7/10 without medications and drops to 2-3/10 with medications. The California MTUS guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The physician has reported a decrease in pain with use of medications, including Norco. This is a satisfactory response according to guidelines. The California MTUS guidelines do not require discontinuing or weaning of pain medications that are providing a satisfactory response. Therefore the request is medically necessary.