

Case Number:	CM13-0068710		
Date Assigned:	01/03/2014	Date of Injury:	09/29/2003
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male who reported injury on 09/28/2003. The mechanism of injury was noted to be the patient lifted a broken up piece of concrete into a bucket and as he lifted the weight and twisted, the patient had a sudden onset of low back pain. The patient was treated with physical therapy, epidural steroid injections and medications. The patient's medication history included Ambien, Neurontin, Ibuprofen and MS Contin as of late 2012 and Neurontin as of 01/2013. The documentation of 10/01/2013 revealed the patient had low back pain that was constant and dull. The pain was 7/10 with no meds and 3/10 after taking pain medications. The patient indicated that with medications he was able to do routine tasks of living and work his job. The patient had no constipation since taking fiber and no sleep problems since taking Ambien. The patient indicated that ibuprofen helps him with the inflammation in his back as well as Neurontin which helps decrease pain. The treatment plan included MS Contin ER, Norco 10/325, ibuprofen, Neurontin, and Ambien for 6 months. The diagnoses were noted to include herniated disc, lumbago, chronic pain, and LDD.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 MS CONTIN ER 30MG WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 610, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was taking the medication since 2012. The clinical documentation submitted for review indicated the patient had an objective decrease in the VAS score, and was being monitored for side effects. There was a lack of documentation indicating the patient had an objective improvement in function and evidence the patient was being monitored for aberrant drug behavior. There was a lack of documentation indicating a necessity for 5 refills without reassessment. The request for 60 MS Contin ER 30mg with 5 refills is not medically necessary and appropriate.

120 NORCO 10/325MG WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was taking the medication since 2012. The clinical documentation submitted for review indicated the patient had an objective decrease in the VAS score, and was being monitored for side effects. There was a lack of documentation indicating the patient had an objective improvement in function and evidence the patient was being monitored for aberrant drug behavior. There was a lack of documentation indicating a necessity for 5 refills without reassessment. The request for 120 Norco 10/325mg with 5 refills is not medically necessary and appropriate.

90 IBUPROFEN 600MG WITH 5 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. There should be documentation of an objective functional improvement and objective decrease in the VAS score. The patient was taking the medication since 2012. The clinical documentation submitted for review indicated the patient had an objective decrease in the VAS score. However, there was a lack of documentation

of objective functional improvement. Additionally, there was a lack of documentation indicating a necessity for 5 refills without reassessment. The request for 90 Ibuprofen 600 mg with 5 refills is not medically necessary and appropriate.