

Case Number:	CM14-0000344		
Date Assigned:	01/10/2014	Date of Injury:	02/26/2008
Decision Date:	04/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice, has a subspecialty in Pain Management 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:

42 yr. old male claimant sustained an injury on 2/26/08 resulting in chronic back pain. An MRI on 4/15/08 showed severe disc desiccation of the L5-S1 region and disc extrusion. He was additionally taking indomethacin and Prednisone for gout. A recent examination on 10/4/03 indicated he had increased pain and poor quality of sleep. He had lumbar paravertebral spasms, positive straight leg raise, limited range of motion and trigger points in the sacroiliac region. His pain had been managed with Flexeril, Norco, Neurontin, Indomethacin and Ibuprofen. He had been on Norco, Ibuprofen and Flexeril since at least 2012. Zipsor was added to replace the Ibuprofen to his pain medication regimen. A progress note on 12/13/13 indicated his pain level was unchanged. His examination findings were essentially unchanged. He was requested to continue on his Zipsor and Oxycodone 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF OXYCODONE HCI 5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: The claimant had been on Norco for over a year which contains a short acting opioid. The claimant was currently on another short acting opioid- Oxycodone. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain it is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on short acting opioids for over a year with no improvement in pain scale. The continued use of Oxycodone is not medically necessary.

120 CAPSULES OF ZIPSOR 25MG: Upheld

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

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

Decision rationale: According to the MTUS guidelines: Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (Van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007). Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage (Maroon, 2006). In this case, the claimant had been on an NSAID- Ibuprofen and Indomethacin. After a change to Zipsor, the pain scale had not changed. He had been on NSAIDS for over a year. NSAIDs are not recommended for long-term use and continuation of Zipsor is not medically necessary.

