

Case Number:	CM14-0004767		
Date Assigned:	01/24/2014	Date of Injury:	12/17/1998
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 47-year-old male who sustained an injury on 12/17/98 when he fell. The patient was status post a lumbar fusion in 2000. Following this procedure, the patient was followed for ongoing chronic low back pain. The patient had extensive narcotics history with Norco 10/325mg, four (4) times a day up to four to six (4-6) times a day, as well as OxyContin 20mg one to two (1-2) times per day. The progress report (PR-2) report for November of 2013, noted that the patient was functionally active, with continued use of Norco as a breakthrough pain medication. The patient reported controlled pain with this medication. The clinical documentation noted previous emergency room visits, when the patient had run out of narcotic medications, due to withdrawal symptoms an increased pain. The PR-2 report from November of 2013 noted that the patient was not actively utilizing ibuprofen on a daily basis. The most recent clinical records from April of 2014 regarded a current pain program. Medication reduction for both OxyContin and Norco was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines indicate that for back pain, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The clinical records provided for review clearly indicated that the patient was not actively taking his medication on a regular basis. There was noted use of nambutone; however, the patient denied utilizing ibuprofen. Given the indication that this medication was not actively being utilized, this reviewer would not have recommended this medication as medically necessary.

NORCO 10/325MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 88-89.

Decision rationale: The Chronic Pain Guidelines indicate that for long-term use of opioids, the provider should document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical records noted compliance through toxicology results for both oxycontin and norco. Although the patient had high level of narcotics use, the patient had an extensive history of long term narcotics use, which would have reasonably resulted in some tolerance developing. The patient reported increased functional ability and decreased pain with narcotics including Norco for breakthrough pain. There was no clear evidence of any abnormal medication use or diversion. The patient successfully continued with pain management, utilizing both OxyContin and Norco through 04/14, when he was referred to a chronic pain program. Active reduction in this medication was discussed. Given the evidence of efficacy for regarding Norco for the chronic pain, this reviewer would have recommended this medication as medically necessary.