

Case Number:	CM14-0006474		
Date Assigned:	04/07/2014	Date of Injury:	09/23/2006
Decision Date:	05/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/16/2014

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 & Rehabilitation 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 injured worker is a 54-year-old male with a date of injury of 09/28/2006. The mechanism of injury was a fall from a wall. The injured worker had diagnoses including status post burst fracture at L1, status post T10-11 spinal fusion with hardware placement, lumbar disc, status post surgery L3-4, L4-5, L5-S1 with spinal stenosis, surgery on back, left hip and left leg, post trauma osteoarthritis in the lumbar spine and left hip, cage in inferior vena cava, otitis pubis, left and right inguinal hernias. The injured worker was seen on 03/13/2014 for a follow up appointment. The injured worker's chief complaint was low back pain, left sided pelvis pain, and mid back pain. The injured worker reported pain in the left groin along with swelling. The injured worker also has pain with lifting. The symptoms had not changed since the last visit. The injured worker rated his pain at 6-7/10, mostly intermittent. The injured worker was noted to be taking Norco on a regular basis when the pain becomes more severe. The injured worker's medication regimen included Anaprox double strength 550 mg 1 twice a day, Prilosec 20 mg 1 daily, Norflex 100 mg 4 times a day, and Norco 10/325 mg 1 capsule 4 times a day. The injured worker stated this helped reduce his pain 60%. Upon physical examination, the physician noted in the thoracolumbar area on palpation, severe muscle spasms with fibro muscular nodules over the left and right posterior/superior iliac crest. There was pain and are muscle spasms in the left gluteal region. The sacrum/coccyx is also painful to palpation. On muscle functioning, the injured worker is weak on the quadriceps, tibialis anterior, foot and extensors. The plan was for the injured worker was to follow-up in 30 to 45 days. The work status of the injured worker was permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE NESP-R PROGRAM CONSULTATION (NUTRITION EMOTIONAL/PSYCHOLOGICAL SOCIAL/FINANCIAL PHYSICAL PROGRAM).:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30-33.

Decision rationale: The California Guidelines/MTUS states chronic pain programs (functional restoration programs) are for patients with conditions that put them at risk for delayed recovery. The patient must meet all of the following criteria which include an adequate and thorough evaluation, previous methods of treating chronic pain, and if successful, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change and is willing to forgo secondary gains, and when negative predictors of success of the aforementioned have been address. The program is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should not exceed 20 full day sessions. It was noted that the injured worker does home exercises and goes for walks. The injured worker was able to do most chores around the house. The injured worker still had pain issues, for which he takes medications which help to improve his pain and increase functionality, and he is able to do the majority of his activities of daily living at home. The objective exams documented did not show deficits to support the need for a chronic pain program. There was no documentation to support prior course of treatment the patient has attempted and the effectiveness. The request did not state the number of sessions, frequency and duration as submitted to determine necessity. Therefore, the request is non- certified.

PRESCRIPTION OF NORCO 10/325MG, #90: 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): 78.

Decision rationale: The California Guidelines/MTUS notes patients utilizing opioids should undergo ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Assessments: assessments should include current pain, least reported pain over the period since Final last assessment, average pain, and intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. The 4 A's for ongoing monitoring: 4 domains which have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and occurrence of any potentially aberrant or non-adherent drug

related behaviors. Monitoring of these outcomes over time should effect therapeutic decisions and provoke a frame work for documentation of the clinical use of these controlled drugs. The documentation provided did note a pain level of the injured worker upon arrival for appointment; however, there was a lack of documentation of a complete assessment of the injured workers pain. There was also a lack of documentation demonstrating significant objective functional improvement as a result of the use of the opioids analgesic. The guidelines do not support the use of long-term use of opioids for chronic low back pain and suggest and failure to respond to a time limit course of opioids should lead to the consideration of alternative therapy. Also, the frequency of the medication was not provided in the request submitted to determine the necessity. Therefore, the request is non-certified.

PRESCRIPTION OF KETOFLEX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California Guidelines/MTUS notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Ketoprofen is a non- Food and Drug Administration (FDA) approved agent and is not currently FDA approved for topical application. Also, there is no documentation that this medication has been effective for the injured worker. The frequency and quantity was not provided in the request as submitted to determine necessity. Therefore, the request is non-certified.