

Case Number:	CM14-0105998		
Date Assigned:	07/30/2014	Date of Injury:	08/04/2008
Decision Date:	09/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/09/2014

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 Family Medicine is licensed to practice in North Carolina. 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 56-year-old with a reported date of injury of 08/04/2008. The patient has the diagnoses of low back pain. Previous treatment modalities have included physical therapy, surgical intervention, Transcutaneous Electrical Nerve Stimulation (TENS) unit, facet joint injection and epidural steroid injections. The only documents included for review besides the utilization review is an operative report for the facet joint injections and imaging reports. A chest x-ray dated 06/05/2014 did not show any abnormalities. An MRI dated 04/22/2014 showed annular tear with bulging disc at L2/3, anterior fusion at L5/S1 with no canal stenosis, annular bulge with foraminal narrowing at L4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-88.

Decision rationale: The CA MTUS states for "On-going management actions should

include: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function, office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, sideeffects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." There was no provided documentation besides imaging and surgical reports included for review. In the absence of such documentation there are no quantification or quality measurements for the efficacy of the opioid to evaluate for ongoing management criteria. In the absence of outcome measures, criteria above have not been met and the ongoing use of the medication is not recommended. Therefore the request is not considered medically necessary.

Celebrex 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The California chronic pain medical treatment guidelines section on COX-2 inhibitors states, "determine if the patient is at risk for gastrointestinal events: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation provided that assesses this patient's gastrointestinal or cardiovascular risk. There is no mention of prior gastrointestinal or cardiovascular disease. In the absence of such documentation, risk stratification cannot be done and the need for a COX-2 inhibitor cannot be established. Therefore, the request is not medically necessary.