

Case Number:	CM14-0106712		
Date Assigned:	07/30/2014	Date of Injury:	02/04/2011
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 61 year old employee with date of injury of 2/4/2011. Medical records indicate the patient is undergoing treatment for post laminectomy syndrome, Spinal/Lumbar degenerative disk disease; low back pain, lumbar facet syndrome, pain disorder with psychological factors, orthopedic and mood disorder. Subjective complaints include pain in left side of neck going down to shoulder. He also has right low back pain. He rates his neck and low back pain at a 6/10. His left knee pain is a 2-3/10. His sitting tolerance is ok; his standing tolerance is for 15-20 minutes. Objective CERVICAL SPINE: findings include range of motion (ROM) with flexion in cervical spine is 35 degrees; right and left lateral bending to 10 degrees; THORACIC SPINE: at paravertebral muscles, tenderness and tight band on sides; no spinal process tenderness is noted; LUMBAR SPINE: ROM of lumbar spine is restricted with flexion to 45 degrees; extension to 15 degrees; right lateral bending 15 degrees; left lateral bending 10 degrees; heel and toe walk are normal; lumbar facet loading is negative on both sides; lumbar spine paravertebral muscles have tight band and tenderness on the right. Stretch of the piriformas was negative. Straight leg test raise was negative. FABER test was negative. Ankle jerk and patellar jerk is 0/4 on both sides. Hip joints reveal no limitations. No pain or tightness of the joint. FABER and Trendelenberg test is negative; Subtrochanteric bursa on both sides is non tender. Treatment has consisted of PT, Tens unit, home exercise, stretching, transforminal epidural steroid injection, lumbar radiofrequency, lumbar medial branch radiofrequency, Trazodone, Norco, Mirtazpine, Amitriptyline, Pennsaid 2% pump 20 mg/gm/acutation 2%, Losartan Potassium . He had a laminectomy and discectomy in February, 2012. The utilization review determination was rendered on 6/25/2014 recommending non-certification of Ibuprofen 600 mg, 1 TAB PO BID PRN, #60 and Pennsaid 2% pump 20 mg/gm/acutation 2% QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg, 1 TAB PO BID PRN, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs, page(s) 67-72 Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The patient's original date of injury was 2/4/11 and the treating physician has not documented justification for chronic ibuprofen use. As such the request for Ibuprofen 600 mg, 1 TAB PO BID PRN, #60s is not medically necessary and appropriate.

Pennsaid 2% pump 20 mg/gm/acutation 2% QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

Decision rationale: Pennsaid 2% pump 20 mg/gm/acutation 2% (delivers 20 mg of diclofenac per pump actuation) is a compound NSAID analgesic. The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. ODG states "The American Academy of Orthopedic Surgeons recommends topical NSAIDs if there is increased Gastrointestinal (GI) risk with use of NSAIDs as one option for treatment. (Richmond, 2010)". ODG also states "Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested". The treating physician does not document failure with oral NSAIDs, increased GI risk due to oral NSAIDs, and neuropathy. As such, the request for prescription of Pennsaid 2% pump 20 mg/gm/acutation 2% is not medically necessary and appropriate.

