

Case Number:	CM14-0015952		
Date Assigned:	07/02/2014	Date of Injury:	12/11/2009
Decision Date:	08/06/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal & Emergency Medicine and is licensed to practice in Florida. 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 34 year-old with a date of injury of December 11, 2009. A progress report associated with the request for services, dated August 8, 2013, identified subjective complaints of low back pain into the left leg. Objective complaints included tenderness to palpation of the lumbar spine with decreased range-of-motion. Diagnoses included lumbosacral sprain with neuritis and herniated lumbar disc. Treatment has included a lumbar laminectomy, epidural steroid injections, and oral analgesics. A Utilization Review determination was rendered on January 30, 2014 recommending non-certification of hydrocodone/apap 10/325mg #60 for 15 days; and for ibuprofen 800mg #60 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325mg #60 for 15 days: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: The California MTUS Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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 state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited. Additionally, There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007). The California MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The Official Disability Guidelines (ODG) state: While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration. Therapy with hydrocodone appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The request is not medically necessary.

IBUPROFEN 800mg #60 for 30 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 12; 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NSAIDS.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory agent (NSAID). The California MTUS Guideline states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief of back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to ibuprofen and therefore not medical necessity.