

Case Number:	CM14-0114688		
Date Assigned:	08/04/2014	Date of Injury:	06/17/2008
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio 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 injured worker is a 39-year-old male with a reported date of injury on 06/17/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lingering residuals of back and leg pain following L4-5 discectomy for right L5 radiculopathy and persisting neurological problems following injury/surgery. His previous treatments were noted to include transcutaneous electrical nerve stimulation (TENS) unit, exercise, HELP program, and medications. The progress note dated 05/22/2014 revealed the injured worker complained of a flare up of his back pain but reported it was slowly starting to improve. The physical examination revealed the injured worker's spine was slightly to the right insula and his left hip was slightly higher than his right hip. There was a small amount of tenderness around his incision site but no tenderness over the spinous processes. The injured worker had some right paravertebral muscle tenderness to palpation. There was a positive straight leg raise test noted. His lumbar spine had a decreased range of motion with pain running down the posterior aspect of the thigh to the popliteal fossa and then laterally down the leg to the level of the lateral malleolus. It was noted to be 3+/4 patellar and the Achilles reflex on the left but none on the right. The Request for Authorization dated 06/09/2014 was for hydrocodone/acetaminophen 5/325 mg #60 for pain, omeprazole 20 mg #60 twice a day for medication induced gastritis, and Celebrex 200 mg #60 twice a day for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 05/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of ongoing pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of improved functional status with activities of daily living with the use of medications. There were no adverse effects with the use of medications noted. The documentation indicated the injured worker had not shown any aberrant drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased functional status, absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Hydrocodone/Acetaminophen 5/325 mg, #60 is not medically necessary.

Celebrex 200mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The injured worker has been utilizing this medication since at least 05/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, those with gastrointestinal, cardiovascular, or renovascular factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. The Guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. The Guidelines recommend NSAIDs for short-term symptomatic relief for chronic low back pain. There is a lack of documentation regarding efficacy of this medication, the injured worker has been utilizing this medication for over 6 months, and the Guideline recommendation is for short-term symptomatic relief.

Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Celebrex 200 mg, #60 is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDs): Gastrointestinal & Cardiac risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

Decision rationale: The injured worker has been utilizing this medication since at least 05/2013. The Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Omeprazole 20 mg, #60 is not medically necessary.