

Case Number:	CM14-0120084		
Date Assigned:	08/06/2014	Date of Injury:	03/16/2012
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 37-year-old male who has submitted a claim for sciatica and disc bulge associated with an industrial injury date of 3/16/2012. Medical records from 4/22/2014 up to 7/11/2014 were reviewed showing a recent flare up when he twisted his back. He reported difficulty moving from the bed. He complained of aching pain in the low back with intermittent "burning" pain radiating down his bilateral lower extremities. Prolonged standing, sitting, and bending aggravated his pain whereas lying alleviated his pain. Pain is 3-4/10 in severity. Physical examination showed tenderness over the lumbar paraspinal muscles at L4/5 and L5/S1 with limited lumbar AROM. There was decreased sensation at L5/S1 distributions. He had limited cervical AROM. He had tenderness over the lateral knee joint line. Treatment to date has included Vicodin, ibuprofen, and Pennsaid. Utilization review from 7/24/2014 denied the request for Vicodin, Ibuprofen 800mg X 60 +1, and Pennsaid. Regarding Vicodin, there was no documentation of decrease in pain or functional improvement. Furthermore, the quantity and frequency of the requested medication were not indicated. Regarding ibuprofen, there was no significant functional/vocational benefit with the use of NSAIDs. Regarding Pennsaid, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN: 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: According to page 78 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Vicodin since at least 4/2014. With an industrial injury of 3/2012, the exact duration of his intake is uncertain. He still continues to complain of mild pain 3-4/10 in severity. However, there was no objective measurement of his pain when off of his medications. There was also no documentation of functional improvement. Results of urine drug screen (UDS) were not available for review. Moreover, the frequency and quantity of the requested medication were not indicated. Therefore the request for Vicodin is not medically necessary.

IBUPROFEN 800MG X 60 +1: 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): 67 72.

Decision rationale: As stated on page 72 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. There is no evidence of long-term effectiveness for pain or function. In this case, the patient has been taking ibuprofen since at least 4/2014. With an industrial injury of 3/2012, the exact duration of his intake is uncertain. He still continues to complain of mild pain 3-4/10 in severity. However, there was no objective measurement of his pain when off of his medications. There was also no documentation of functional improvement. In addition, his usual dosage of 800mg is greater than the recommended dosage of 400mg. Therefore the request for Ibuprofen 800mg times 60 +one is not medically necessary.

PENNSAID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Page(s): 111-112. Decision based on Non-MTUS Citation Pain Chapter, Pennsaid® (diclofenac sodium topical solution)

Decision rationale: Page 112 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Official Disability Guidelines (ODG) recommends topical Diclofenac for osteoarthritis after failure of an oral Non-steroidal anti-inflammatory drugs (NSAID) or contraindications to oral NSAIDs. In this case, the patient has been taking Pennsaid since at least 4/2014. With an industrial injury of 3/2012, the exact duration of his intake is uncertain. He still continues to complain of mild pain 3-4/10 in severity. However, there was no objective measurement of his pain when off of his medications. There was also no documentation of functional improvement. The patient has no contraindications to oral NSAID use. In addition, there is no diagnosis of osteoarthritis to support the use of topical NSAIDs. Furthermore, the quantity and frequency of the requested medication are not specified. Therefore the request for Pennsaid is not medically necessary.