

Case Number:	CM14-0139557		
Date Assigned:	09/05/2014	Date of Injury:	01/18/2001
Decision Date:	10/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Medicine and is licensed to practice in California. 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 55 year old woman with date of industrial injury 1/18/2001. She has main diagnoses of cervical osteoarthritis and lumbar osteoarthritis with stenoses and resultant radicular complaints. She has had extensive surgical treatment in the past, including four lumbar spine surgeries and two cervical spine surgeries. Constant pain and radicular symptoms are noted. In the last visit, it is documented that she had an elevated blood pressure (BP) of 155/99 mm Hg along with right lower extremity swelling, suspicious for a deep venous thrombosis. She has a history of pregnancy associated deep venous thrombosis in the remote past, uncontrolled hypertension and cardiac biomarker release in the context of a medical illness. It is not clear from the records whether this was adequately worked up or not and whether she has chronic coronary artery disease that is untreated. There is no history of angina. The patient is on acetaminophen with codeine and the request is for ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI and Cardiovascular risk Page(s): 68-70.

Decision rationale: The injured worker has back pain, neck pain, radicular symptoms of both upper extremities, left more than right. She has a history of hypertension with a BP of 157/99 mm Hg documented in the most recent primary treating provider's visit. In addition, the patient has a history of troponin elevation in the context of general medical illness in the past year without appropriate follow up and management by an Internal Medicine physician. As such, she can be classified to be at mild to moderate cardiovascular risk. Accordingly, the recommendation is to avoid NSAID altogether if possible and if not possible, to employ naproxen, since it appears to be the safest agent. Aspirin low dose is protective and due to dual NSAID (naproxen plus low dose aspirin), pantoprazole should be continued in that circumstance. Alternatives to NSAID include acetaminophen and opiates for short periods of time. Further, the patient's pain is chronic and appears to be related to both central sensitization as well as pain generators. In general, NSAID do not have consistent and significant efficacy in the management of neuropathic and radicular pain. As such, NSAID may not be the ideal agent to treat the patient's pain in any case. For all these reasons, the request for Motrin 800 mg # 60 is not recommended as medically necessary.

Tylenol with Codeine 4 #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-80.

Decision rationale: This request for codeine and acetaminophen has been certified by the utilization review provider. In the context of non certification of non-steroidal anti-inflammatory drugs (NSAID) therapy (as above), it is appropriate to use acetaminophen and codeine as short term therapy for exacerbation of pain. However, in the long run, treatment with opiates requires ongoing monitoring and assessment to ensure compliance with treatment, a beneficial effect of treatment and lack of aberrant behaviors or deviation from a pain contract, which is recommended by most authorities. Medical necessity has been established.