

Case Number:	CM14-0144320		
Date Assigned:	09/12/2014	Date of Injury:	09/01/2006
Decision Date:	12/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 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:

According to the records made available for review, this is a 44-year-old male with a 9/1/06 date of injury. At the time (8/4/14) of the request for authorization for Motrin 800mg tab #60 1 tab by mouth every 8 hours with food (DOS: 08/04/14), Hydrocodone/APAP 7.5/325mg #120 1 tab by mouth every 6 hours as needed for pain (DOS: 08/04/14), and Diclofenac/Lidocaine (3%/5%) 180g (DOS: 08/04/14), there is documentation of subjective (persistent lower back pain) and objective (decreased range of motion, tenderness over the paraspinals, and decreased sensation at 4/5 bilaterally at L4, L5, and S1) findings, current diagnoses (lumbalgia with bilateral radicular symptoms, lumbar disc disease multilevel, and lumbar foraminal stenosis), and treatment to date (medication including Motrin and Hydrocodone/APAP for at least 2 months). Regarding Motrin 800mg tab #60 1 tab by mouth every 8 hours with food (DOS: 08/04/14), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date. Regarding Hydrocodone/APAP 7.5/325mg #120 1 tab by mouth every 6 hours as needed for pain (DOS: 08/04/14), there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg tab #60 1 tab by mouth every 8 hours with food (DOS: 08/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbalgia with bilateral radicular symptoms, lumbar disc disease multilevel, and lumbar foraminal stenosis. In addition, there is documentation of chronic pain. However, given documentation of treatment with Motrin for at least 2 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date. Therefore, based on guidelines and a review of the evidence, the request for Motrin 800mg tab #60 1 tab by mouth every 8 hours with food (DOS: 08/04/14) is not medically necessary.

Hydrocodone/APAP 7.5/325mg #120 1 tab by mouth every 6 hours as needed for pain (DOS: 08/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain in general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbalgia with bilateral radicular symptoms, lumbar disc disease multilevel, and lumbar foraminal stenosis. However, there is no documentation that the

prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Hydrocodone/APAP for at least 2 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 7.5/325mg #120 1 tab by mouth every 6 hours as needed for pain (DOS: 08/04/14) is not medically necessary

Diclofenac/Lidocaine (3%/5%) 180g (DOS: 08/04/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbalgia with bilateral radicular symptoms, lumbar disc disease multilevel, and lumbar foraminal stenosis. However, the requested Diclofenac/Lidocaine (3%/5%) 180g (DOS: 08/04/14) contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac/Lidocaine (3%/5%) 180g (DOS: 08/04/14) is not medically necessary.