MAXIMUS Federal Services

Case Number:	CM14-0154442		
Date Assigned:	09/24/2014	Date of Injury:	10/05/2011
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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 patient is a 32-year-old male who has submitted a claim for lumbar facet arthrosis, cervical strain and sprain, and myofascial pain problem associated with an industrial injury date of 10/05/2011. Medical records from 03/15/2013 to 09/09/2014 were reviewed and showed that patient complained of neck and low back pain graded 1-3/10. There was no complaint of gastrointestinal disturbances. Physical examination of the cervical spine revealed mild tightness in trapezius, full ROM, and negative Spurling's test. Physical examination of the lumbar spine revealed tenderness in the lumbosacral area, decreased ROM, negative SLR test, and intact sensation of lower extremities. MRI of the cervical spine dated 10/10/2012 revealed C3-4 disc bulge and mild degenerative changes at other levels. MRI of the lumbar spine dated 12/28/2012 was unremarkable. Treatment to date has included L4, L5, sacral ala, and S1 dorsal ramus branch nerves radiofrequency rhizotomy under fluoroscopic guidance (04/15/2014), Naproxen 550mg (08/20/2012), Ibuprofen 800mg #90 (prescribed since 03/26/2014), Prilosec 20mg #30 (prescribed since 01/17/2014), physical therapy, chiropractic care, and other pain medications. Of note, there was no documentation of functional outcome with pain medications. Utilization review dated 09/02/2014 partially certified the request for Vicodin 5/500mg #60 with no refills for the purpose of weaning. Utilization review dated 09/02/2014 denied the request for Ibuprofen 800mg #90 with 3 refills because there was no evidence of functional benefit from Ibuprofen. Utilization review dated 09/02/2014 denied the request for Prilosec 20mg #30 x 3 refills because there was lack of evidence of gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, QTY: 90 with 3 refills: 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 Page(s): 67-72.

Decision rationale: As stated on page 72 of CA 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. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Ibuprofen 800mg #90 since 03/26/2014. However, there was no documentation of functional outcome with previous Ibuprofen use. Moreover, the requested dosage of Ibuprofen 800mg exceeds the guidelines recommendation of no greater than 400mg dose for Ibuprofen. Therefore, the request for Ibuprofen 800 mg, QTY: 90 with 3 refills is not medically necessary.

Prilosec 20 mg, QTY: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Prilosec 20mg #30 since 01/17/2014. However, there was no documentation of gastrointestinal disturbances to support Prilosec use. Moreover, the patient does not meet the criteria for those at risk for GI events. Therefore, the request for Prilosec 20 mg, QTY: 30 with 3 refills is not medically necessary.

Vicodin 5/500 mg, QTY: 90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA 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 was prescribed Vicodin 5/500mg #120 (since 05/17/2013. However, there was no documentation of functional improvement or analgesia to support Vicodin treatment extension. Therefore, the request for Vicodin 5/500 mg, QTY: 90 with 3 refills is not medically necessary.