

Case Number:	CM14-0184111		
Date Assigned:	11/12/2014	Date of Injury:	04/15/1997
Decision Date:	12/18/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 70 year old male with an injury date of 04/15/1997. Based on the 05/15/14 progress report, the patient complains of chronic low back pain which he rates as a 4/10. This intermittent pain is localized to the lower back with occasional pain radiation down to the inside part of his legs bilaterally. There is tenderness to palpation over the lower paraspinal muscles. Range of motion is restricted in flexion, extension, and side bending. The 10/14/14 report states that the patient rates his pain as a 5/10 and describes his pain being located in the mid and lower back. The patient's diagnoses include the following: 1.Low back pain 2.Lumbosacral radiculitis The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 04/23/13- 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 500mg/tab, 1 tab per mouth 2x/day as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine and Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/14/14 report, the patient presents with chronic low back pain and mid back pain. The request is for Tylenol #3 500 mg/tab, 1 tab per month 2x/day as needed #120. He has been taking Tylenol as early as 04/23/2013. The 10/14/13 report states that Tylenol "works very well in relieving his back pain exacerbations." MTUS Guidelines page 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater fails to mention any specific changes in ADLs the patient may have had. There is no record of the 4 A's, pain scales, or any adverse side effects/behavior. Due to lack of documentation therefore request is not medically necessary.

Etodolac 300mg/cap, 1 cap po BID PRN for pain #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: According to the 10/14/14 report, the patient presents with chronic low back pain and mid back pain. The request is for Etodolac 300 Mg/Cap, 1 Cap Po Bid Prn for Pain #120. He has been taking Etodolac as early as 04/23/2013. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Etodolac. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines therefore request is not medically necessary.