MAXIMUS Federal Services

Case Number:	CM14-0024490		
Date Assigned:	06/11/2014	Date of Injury:	01/29/1997
Decision Date:	08/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation 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 50-year-old male with a reported date of injury on 01/27/1997. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include reflex sympathetic dystrophy to the upper and lower extremities, chronic pain syndrome, meralgia paresthetica, lumbar degenerative disc disease, lumbar region spinal stenosis, low back pain, thoracic or lumbosacral radiculopathy; facet arthropathy; muscle spasms; and late affective tendon injury. His previous treatments were noted to include surgery, medications, and intrathecal infusion pump. The progress note dated 01/13/2014 reported the injured worker complained of musculoskeletal pain with a moderate severity level to the right arm and leg. The pain radiated to the right ankle, calf, foot, and thigh. The pain was described as burning, numbness, deep, shooting, and superficial. The pain was reportedly relieved by prescription medications, rest, lying down, and sitting. The medications were listed as Gabapentin 300 mg 2 to 3 times a day for nerve pain; Norco 10/325, 1 every 4 to 6 hours as needed; Prochlorperazine Maleate 10 mg, 1 every morning; Zolpidem Tartrate 12.5 mg at bedtime; Amitriptyline 50 mg, 3 at bedtime; Lidocaine 5%, 2 every 24 hours; Senna/Docusate sodium 8.6 mg/50 mg, 2 at bedtime; Motrin 800 mg 1 by mouth 3 times a day; Tizanidine 4 mg, 1 to 2 three times a day; Lasix 40 mg, 1 every day; Clonidine PF 25 mcg/mL x20 mg syringe; Hydromorphone PF, 20 mg/mL x20 mL syringe; potassium 40 mg; and Testosterone Cypionate 200 mg/mL as needed. The physical examination revealed positive hot/cold intolerance, numbness in extremities, back pain, joint swelling, and muscle weakness. The injured worker reported their pain at 4/10 with medications, but without medications, they get out of bed but do not get dressed and stay home all day. The Request for Authorization form was not submitted within the medical records. The request is for Motrin; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The injured worker has been taking Motrin for an undetermined length of time. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs (Non-Steroidal Anti Inflammatory Drugs) at the lowest dose for the shortest period in patients with moderate to severe pain in regards to osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDs as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For patients with acute low back pain with sciatica, a recent review found no differences in treatments with NSAIDs versus placebo. The guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain. A review of the literature on the drug relief for low back pain suggests NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain), and with neuropathic pain. There is a lack of documentation regarding the efficacy of this medication and the length of time the injured worker has been utilizing it. The guidelines recommend a short-term use for symptomatic relief with NSAIDs, and it is undetermined the length of time the injured worker has been utilizing this medication. Additionally, the request failed to provide the frequency and dosage of this medication to be utilized. Therefore, the request for Motrin is not medically necessary and appropriate.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for

ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated his pain with medications rated 4/10. The injured worker indicated with medications he is able to do simple chores around the house and minimal activities outside the house 2 day s a week and without medications doesn't get dressed, just stays home all day. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief and improved function, without details regarding possible side effects and when the last urine drug screen was performed, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency and dosage of the medication to be utilized. As such, the request for Norco is not medically necessary and appropriate.