

Case Number:	CM14-0043230		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2007
Decision Date:	08/14/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 65 year old with a date of injury of 10/01/07. A progress report associated with the request for services, dated 02/14/14, identified subjective complaints of low back pain into the right leg. Objective findings included tenderness to palpation of the lumbar spine. Motor and sensory functions were not noted. Diagnoses included chronic low back pain; degenerative lumbar disc disease; and lumbar radiculitis. Treatment has included NSAIDs, muscle relaxants, and oral analgesics. A Utilization Review determination was rendered on 02/27/14 recommending non-certification of one prescription of Ibuprofen 200mg #360 with three refills and one prescription of MS Contin 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ibuprofen 200mg #360 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; NSAIDs, page(s) 12; 67-73 Page(s): 12; 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NSAIDs.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory agent (NSAID). The MTUS Chronic Pain Guidelines states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS Chronic Pain Guidelines further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief of back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. In this case, there is no documentation for the medical necessity of the additional Ibuprofen. The request is not medically necessary and appropriate.

One prescription of MS Contin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids; Oral Morphine, page(s) 74-82; 96 Page(s): 74-82; 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: MS Contin is a sustained-release oral formulation of morphine. The MTUS Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; and intensity of pain after taking the opioid. The Official Disability Guidelines (ODG) state that while long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective in achieving the original goals of complete pain relief and functional restoration. Therapy with MS Contin has been ongoing and in excess of 16 weeks and long-term therapy is not recommended. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the request is not medically necessary and appropriate.