

Case Number:	CM14-0043809		
Date Assigned:	07/02/2014	Date of Injury:	10/03/2008
Decision Date:	09/24/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/10/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is 43 year old female with complaints of low back pain and leg pain. The date of injury is 10/3/08 and the mechanism of injury is slip and fall injury leading to current symptoms. At the time of request for the following: 1. Ibuprofen 1200mg for one month with no refills 2. Paxil 10mg daily #30 3. Norco 10/325 #180 with no refills, there is subjective (low back pain, leg pain) and objective (no objective findings are documented in the medical records provided) findings, imaging findings (none documented), diagnoses (lumbago, lumbosacral neuritis) and treatment to date (PT, injections, medications, surgery). There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. SSRI's are not recommended for the treatment of chronic pain. In regards to opioids, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 1200mg tablet for one month with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-73.

Decision rationale: Per the MTUS Chronic Pain Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of pharmacologic therapy in the medical records provided. Therefore, Ibuprofen 1200mg is not medically necessary.

Paxil (Paroxetine HCL) 10mg tablet 1 tablet daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRI's.

Decision rationale: Per the ODG treatment decisions, SSRI's are not recommended for the treatment of chronic pain. Also, there is no documentation of efficacy of treatment in regards to Paxil. Furthermore, there are no psychiatric examination notes documenting a diagnosis of clinical depression which is the main indication for Paxil. Therefore, this medication is not medically necessary.

Norco (Hydrocodone/Acetaminophen) 10/325mg #180 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-78.

Decision rationale: Per the MTUS Chronic Pain Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, the request for Norco10/325 #180 is not medically necessary and appropriate.