

Case Number:	CM14-0047394		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2011
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 58-year-old female with date of injury of 04/04/2011. The listed diagnoses per [REDACTED] 03/07/2014 are: 1. Cervical disk degeneration. 2. Myalgia and myositis; not, otherwise, specified. 3. Chronic pain syndrome. 4. Lumbosacral spondylosis without myelopathy. 5. Lumbosacral disk degeneration. 6. Sleep disturbance; not, otherwise, specified. 7. Electronic prescribing enabled. 8. Encounter for long-term use of other medications. According to this report, the patient complains of diffuse neck pain and low back and bilateral lower extremity pain. The patient describes her pain as aching and stabbing in sensation in the primary areas of discomfort. The pain is partially relieved by the use of analgesic medications and various types of injection therapy. The patient states that she is able to perform her activities of daily living while utilizing her current treatments. The medication regimen allows her to achieve a higher degree of daily function. The patient is not experiencing any adverse side effects from her medications. The physician also notes that the patient is taking her controlled substances as prescribed and is not displaying aberrant drug-seeking behavior. The review of systems shows that the patient does not report any profound weakness or instability. No relevant changes were noted on the exam. The utilization review denied the request on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60, 61)Anti-inflammatory medications (p22, Chronic pain MTUS)NSAIDs (non-steroidal anti-inflammatory drugs) (MTUS pgs 67,68) Page(s): 60, 61, 22, 67, 68.

Decision rationale: This patient presents with neck, low back, and bilateral lower extremity pain. The physician is requesting nabumetone 500 mg. The MTUS Guidelines page 22 on anti-inflammatory medications states that, Anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The MTUS Guidelines pages 60 and 61 on medications for chronic pain states that it is recommended; however, the relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The records show that the patient has been taking nabumetone since 02/03/2014. The physician documents medication efficacy stating, Medications does produce an appreciable degree of pain relief. The patient states that she is able to perform her activities of daily living while utilizing her current treatments. In this case, MTUS does support the use of anti-inflammatories as first-line treatment for pain and inflammation. The request is medically necessary.

Norco 10-325mg: Upheld

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

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

Decision rationale: This patient presents with neck, low back and bilateral lower extremity pain. The physician is requesting Norco 10/325 mg. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of MTUS requires pain assessment that requires current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking Norco since 09/18/2013. The progress report dated 03/07/2014 notes that the patient does report appreciable degree of pain relief while utilizing medications. The medication regimen allows her to achieve a higher degree of daily function. However, no specifics are provided and no pain scales of before/after. She does not report any adverse side effects, and the physician reports no aberrant behavior monitoring. However, none of the 160 pages of records note a pain assessment using a numerical scale. Given inadequate documentation, the request is not medically necessary.

Lidocaine 5% ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams page 111 Page(s): 111.

Decision rationale: This patient presents with neck, low back and bilateral lower extremity pain. The physician is requesting lidocaine 5% ointment. The MTUS Guidelines page 111 on Topical Analgesics states that it is recommended as an option primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, no other commercially-approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. In this case, lidocaine is not indicated in formulations other than a dermal patch. The request is not medically necessary.