

Case Number:	CM14-0050088		
Date Assigned:	07/07/2014	Date of Injury:	08/02/2007
Decision Date:	08/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 Pain Management 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 59 year old male with a date of injury on 8/2/2007. On 3/19/14, he complained of low back pain with radiation into the buttocks. He also complained of pain in the bilateral lower extremities associated with numbness in both feet. The pain is aggravated with prolonged sitting / standing. The pain is rated 7/10. His exam showed tenderness in the lumbar paraspinals. His range of motion was restricted due to pain. The injured worker's Patrick test, Gaenslen's test, sacroiliac compression, and Yeoman's test were all negative. His neural tension test was negative. His strength was 5/5 in all limbs and his sensation was intact to touch in all dermatomes. His Waddell's sign was negative. The diagnoses are lumbar radiculopathy and lumbar laminectomy with failed back surgery syndrome. His medications include Vicodin, Relafen, Pristiq, and temazepam. On 4/16/14, the injured worker's pain level was noted 8/10. The attending physician noted that there has been 50% improvement in pain and function appealing the previous denial of Vicodin and Relafen. Of note, the previous utilization review denied Vicodin 5-300mg # #90 and Relafen 500mg #60 due to lack of documentation of improvement in pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #90 X3(date of service for first fill 03/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule (MTUS) Guidelines, Opioids, page 74-76 Page(s): 74-76.

Decision rationale: Per the MTUS Guidelines, Vicodin (hydrocodone + acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioid, often used for intermittent or breakthrough pain. The guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Also, the guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction, or poor pain control. There is no record of a recent urine drug screening. There is no documentation of any significant improvement in the pain level or function at the time of initial request, as the pain level remains at 7-8/10. In addition, the medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. Therefore, the medical necessity for Vicodin 5/300mg # 90 has not been established.

Relafen 500 mg #60 X3(date of service for first fill 03/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule (MTUS) Guidelines, Nonsteroidal Anti-Inflammatory Drugs, page 67-68 Page(s): 67-68.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, Relafen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. A Cochrane review of the literature on drug relief for low back pain suggested that non-steroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen and muscle relaxants with more adverse effects than placebo and acetaminophen. The medical records do not demonstrate that this injured worker has obtained any benefit with the medication regimen, as the pain level remains at 7-8/10. In the absence of the frequency and the duration and any significant improvement of pain and function, the request is not medically necessary according to the guidelines.