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| Case Number: | CM14-0066238 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 11/03/2007 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 Emergency Medicine 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 presented patient has reported an injury on 11/3/2007. Mechanisms of injury were not provided in the documentations. He has diagnosis of chronic low back pain, failed back syndrome, radiculopathy of lumbosacral and muscle spasms post L4-5, L5-S1 laminectomy (2/2013). He complains of low back pains radiating to legs, posterior thighs and calves. It is a burning pain that is worsened by sitting or standing and states that the pain is 10/10 without medications and 8/10 with medications. Objective exam reveals healed lower back incision; normal motor exam; mildly decreased range of motion of low back; and negative straight leg raise. The sensory exam is normal. Tenderness in left lumbar paraspinal L5-S1 level has been noted. The patient has noted complaints of constipation and heart burn. There were no imaging reports or electrodiagnostic testing reports provided for review. The urine drug screens have been consistent. Anomalies were not detected. Current medication list include Ambien, Gabapentin, Cymbalta, Norco (6/day), Soma, Lactulose, Ibuprofen (as needed) and Omeprazole. He has completed physical therapy and aqua therapy. Independent Medical Review is for Norco 10/325mg #180, Soma 350mg #120, and Ibuprofen 800mg #30. Utilization Review on 4/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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

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

Decision rationale: The patient has chronic pain and takes 6 tablets of Norco per day. The pain improves from 10/10 to 8/10. It is noted that he has signed a pain contract. The patient states that he has constipation as side effects from pain medications and is on Lactulose. Norco is Acetaminophen and Hydrocodone, which is an opioid, however, the patient shows no signs of abuse. As per MTUS Chronic Pain Guidelines, reports requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior, and these reports do not meet the appropriate documentation or analgesia criteria. The number of tablets prescribed is appropriate and is a 30 day supply if the patient takes 6 tablets a day as documented. It does exceed the maximum Morphine equivalent dose (MED) of 120mg per day. It does meet monitoring requirements as per MTUS Guidelines. Therefore, Norco is medically necessary.

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The treating physician has already noted that the patient has a history of alcohol abuse and has refused to prescribed narcotic pain medication since he continues to use Marijuana against the physician's recommendation. Use of Carisoprodol, is potentially addictive and not-recommended medication, is not medically necessary.

Ibuprofen 800mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Ibuprofen or Motrin is a non-steroidal anti-inflammatory drug (NSAID). According to the MTUS Chronic Pain Guidelines, NSAIDs are recommended for short term treatment or for exacerbations of chronic pain. It is mostly recommended for osteoarthritis. It may be used for chronic low back pain but recommendations are for low dose and short course only. There are significant side effects if used chronically. Records states that patient is

intermittently on Ibuprofen and takes it as needed and shows mild improvements with medication use. There is noted heart burn which he is taking Omeprazole for. While the intermittent use of Ibuprofen is appropriate for back pains, the dosage being used is high and does not meet recommendations as per MTUS Guidelines with 800mg being the maximum dose. The use of the highest dose of Ibuprofen with noted side effects of dyspepsia means that the continued use of Ibuprofen does not meet MTUS Chronic Pain Guidelines recommendations and is not medically necessary.