MAXIMUS Federal Services

Case Number:	CM14-0069321		
Date Assigned:	07/14/2014	Date of Injury:	11/01/2004
Decision Date:	08/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 Texas. 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 58 year old female injured on 11/1/04; the mechanism of injury was not provided for review. Current diagnoses included degeneration of lumbar lumbosacral intervertebral disc, chronic pain syndrome, lumbar radiculopathy, myalgia and myositis, and lumbar facet joint pain. A clinical note dated 4/3/14 indicated the injured worker presented complaining of back pain and bilateral leg pain with intermittent numbness below bilateral knees and radiating spasms down posterolateral legs. The injured worker rated her pain 5-10/10 on the visual analog scale exacerbated by standing, sitting, and prolonged walking. The injured worker reported medication management reduced pain, increased activity tolerance including ability to complete necessary activities of daily living, and partial overall restoration of functioning. The injured worker reported improved gastroesophageal reflux disease with use of Pepcid as needed and was no longer utilizing NSAIDs with improvement in symptomology. Physical examination revealed tenderness to palpation over lumbosacral spine and buttocks, decreased range of motion of lumbar spine, and dysesthesia lateral calves and lateral and plantar feet. Medications included Relafen 500mg twice daily, Pepcid 40mg once daily, Norco 5/325mg half to one tab every eight hours, and DSS 250mg three times daily, as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, the request is recommended as medically necessary.

Mobic with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request cannot be established as medically necessary.