MAXIMUS Federal Services

Case Number:	CM14-0087882		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2002
Decision Date:	09/18/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 44-year-old male who reported an injury on 06/03/2002 caused by an unspecified mechanism. The injured worker's treatment history included medications, MRI studies, and surgery. The injured worker was evaluated on 06/30/2014, and it was documented that the injured worker complained of continued lower back pain that was rated 5/10 to 7/10 at the time of examination. He reported no changes since the last visit and medications seemed to control pain and allow performance of a greater amount of activities such as driving children to school. Objective findings included lower lumbar scar back pain, palpation of lumbar spine demonstrated diffuse mild tenderness to palpation, lumbar flexion limited to 40 degrees and elicits pain over lumbosacral spine and posterolateral left leg down to heel in the L4-5 dermatomes, extension relieves pain in leg but elicits aching pain over L4 and L5 and sacrum, was limited to return to neutral. The provider was requesting continuation of medication as he reports the current regimen along with rest continue to keep pain manageable, increase activity tolerance, and restore partial overall function. Medications included Flexeril 10 mg twice daily, Motrin 800 mg 3 times a day, Neurontin 300 mg 3 times per day, Norco 10/325 mg up to 6 tablets per day as needed for pain, trazodone 50 mg 2 to 3 as needed at bedtime, and DSS and Senna as needed for constipation. Diagnoses included degeneration of the lumbar or lumbosacral intervertebral disc; chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; myalgia and myositis, unspecified; post laminectomy syndrome, lumbar region; sacroiliitis, not elsewhere classified; drug induced constipation; spasm of muscle; lumbago; medication induced GERD; and pain induced insomnia. Request for Authorization dated 06/30/2014 was for Norco 10/325 mg, DSS 250 mg, Flexeril 10 mg, Neurontin 300 mg, and Ibuprofen 800 mg. The rationale for the medication was for the injured worker to continue

with chronic pain medication maintenance regimen and rest continue to keep pain within a manageable level allowing the injured worker to complete necessary activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg. #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The MTUS Chronic Pain Guidelines recommend that Motrin is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica, a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Ibuprofen 800 mg is taken by the injured worker. In addition, the request for Ibuprofen 800 mg did not include the frequency. Given the above, the request for the Ibuprofen 800 mg. #90 with 3 refills is not medically necessary and appropriate.

Norco 10/325 mg. #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was no urine drug screen submitted for opioid compliance .There was lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, for Norco 10/325 mg. # 180 with 3 refills is not medically necessary.

Senna 8.6 mg. #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Management of Constipation; Pharmacological Therapy.

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

Decision rationale: The MTUS Chronic Pain Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The provider failed to indicate outcome measurements Senna medication for the injured worker. Additionally, the request failed to include frequency and duration of medication. Given the above, the request for Senna 8.6 mg. # 90 with 3 refills is not medically necessary.

DSS (Docusate Sodium plus Senna) 250 mg. #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids: Prophylactic Treatment of Constipation; McKay SL, Fravel M. Scanlon C. Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p.

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

Decision rationale: The MTUS Chronic Pain Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The provider failed to indicate outcome measurements Senna medication for the injured worker. Additionally, the request failed to include frequency and duration of medication. Given the above, the DSS (Docusate Sodium plus Senna) 250 mg. # 90 with 3 refills is not medically necessary.

Gabapentin 200mg. # 180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The MTUS Chronic Pain Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. In addition, the request did not include frequency of the medication. As such, the request is not medically necessary and appropriate.