

Case Number:	CM14-0089974		
Date Assigned:	09/12/2014	Date of Injury:	12/13/2000
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation and is licensed to practice in Alabama. 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 who sustained an injury 12/13/2000 due to repetitive movement. Prior treatment history has included TENS, 5 session's physical therapy and acupuncture and aquatic therapy. Prior medication history included Baclofen, Norco, Robaxin, Cymbalta, Motrin, Zocor, and Robaxin. Progress report dated 05/14/2014 states the patient presented with complaints of back pain. She reported baclofen helps with her spasms as well as Robaxin. She was using Celebrex as well but noted it did not help her with her symptoms, so she deferred back to ibuprofen 60-800 mg. On exam, rotating her right hip causes pain in the leg and quads. She had limited left hip external rotation. Reflexes were 2+ in the upper extremities and 1+ at the right patella and 0 of the left patella. She is diagnosed with possible mild CRPS syndrome versus nerve damage, marked by autonomic dysfunction and changes in skin temperature; swelling of the left hip. The patient was prescribed Baclofen 10 mg, Norco, Robaxin, Motrin and Cymbalta. Prior utilization review dated 06/06/2014 states the request for Norco 10/325mg #25 is denied as medical necessity has not been established; Motrin 800mg #60 with 2 refills is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-96.

Decision rationale: The above MTUS guidelines regarding on-going management of opioids states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, note from 5/14/14 addresses the analgesia portion of the 4 A's, but does not address the ADL's, adverse effects, and aberrant behaviors. Note from 5/14/14 states "Max pain 9 min 5 with medications. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Motrin 800mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Ibuprofen (Motrin, Advil [otc], generic available) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NSAIDS

Decision rationale: The above MTUS guidelines regarding NSAIDs state "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief... There is no evidence of long-term effectiveness for pain or function." The above ODG guidelines for NSAIDs state "Recommended for early use only." In this case, there is documented history of use of NSAIDs/ibuprofen from notes on 1/13/14, 2/26/14, 4/3/14, and 5/14/14. In addition, there is no documentation of functional improvement to further justify considering ongoing use of ibuprofen. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.