

Case Number:	CM14-0092386		
Date Assigned:	07/25/2014	Date of Injury:	02/20/2001
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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 64 year old female who had a work related injury on 02/20/01. The mechanism of injury was not provided. The most recent clinical documentation submitted for review was dated 05/20/14. The injured worker continued with constant pain and stabbing like sensation in left side of her back radiating down her left leg with severe cramps in her left inner leg. She stated she could not function without pain medication which included Oxycontin 40mg twice daily, Norco four per day for breakthrough pain, and ibuprofen 800mg three times daily. She used Flexeril occasionally for severe back spasm. She reported 50% reduction in her pain, 50% functional improvement with activities of daily living with the medication versus not taking them at all. She remained on social security disability. The injured worker takes psychotropic medications, Cymbalta 60mg daily and Wellbutrin XL 250mg daily. Physical examination, of the low back revealed limited range of motion with forward flex of 30 degrees and extend 10 degrees. Right and left straight leg raise were both 80 degrees causing left sided back pain radiating to the left buttock and posterior thigh. She has decreased sensation to light touch and pin prick in the left lateral calf and bottom of her right foot. Deep tendon reflexes were +1 at the knees and ankles. Toes were down going to plantar reflex bilaterally. There was disuse atrophy in the left thigh by comparison to right thigh. Diagnoses include chronic back pain with left radicular symptoms, lumbar spine fusion from L4 to S1 with prior laminectomy, depression, and neuropathic burning pain in the left leg. Lethargy symptoms are present, secondary to narcotic use, improved with Nuvigil use in morning. Prior utilization review on 06/03/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Anti-Inflammatory Medications.

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, non-steroidal anti-inflammatory drugs (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. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the patient cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Ibuprofen 800mg is not medically necessary.

1 Prescription of Nuvigil 250mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Armodafinil (Nuvigil).

Decision rationale: The request for Nuvigil 250mg # 30 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. This medication is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no clinical evidence submitted that documents a sleep disorder. As such, medical necessity has not medically necessary.

1 Prescription of Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 41.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. Therefore, the request is not medically necessary.