

Case Number:	CM14-0095416		
Date Assigned:	07/25/2014	Date of Injury:	02/25/2009
Decision Date:	09/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain Management 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:

This patient is a 54-year-old female with a date of injury of 02/25/2009. The listed diagnoses per [REDACTED] are: 1. Post-laminectomy syndrome, lumbar spine. 2. Low back pain. 3. Hypertension. According to progress report, 04/30/2014, the patient presents with low back and bilateral lower extremity pain, right greater than left. The patient continues to have low back pain which radiates to the buttock down the anterolateral aspect of her leg. She continues to have worsening of pain and is not able to sit, stand, or walk as far as she could before. She feels that her ability to do these things has decreased by 50 to 60%. She would like to pursue other treatments to relieve her pain and improve her functionality. The patient's medication regimen includes Ketoprofen 75 mg, Hydrocodone APAP 5/325 mg, Tizanidine 2 mg, Voltaren gel, and Atenolol 25 mg. The patient underwent a Urine Drug screen on this day. Under treatment plan, provider recommended refill of Tizanidine 4 mg #60, Hydrocodone APAP 10/325 #120, and Ketoprofen 75 mg #60. Utilization review denied the request on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain; Anti-inflammatory medications; NSAIDs Page(s): 60-61, 22, 67-68.

Decision rationale: This patient presents with low back and bilateral lower extremity pain, right greater than left. The provider is requesting refill of Ketoprofen 75 mg #60. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first-line of treatment. Review of the medical file indicates the patient has been prescribed Ketoprofen since 01/31/2014. Given the patient's continued back pain Ketoprofen may be indicated, but the provider does not discuss whether or not this medication is providing pain relief. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The requested refill of Ketoprofen is not medically necessary and recommendation is for denial.

Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with low back and bilateral lower extremity pain, right greater than left. The provider is requesting a refill of hydrocodone APAP 10/325 mg #120. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since 01/31/2014. The provider does not provide a pain scale to assess patient's pain or document functional improvement from taking this medication. In fact, the provider in his most recent progress report from 04/30/2014 indicates the patient has worsening of pain despite taking medication and feels she cannot sit, stand, or walk. The patient noted she would like to pursue other treatment modalities. Given the lack of documentation of functional improvement and decrease of pain with taking Hydrocodone, recommendation is for denial.

Tizanidine 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This patient presents with low back pain and bilateral lower extremity pain, right greater than left. The provider is requesting a refill of Tizanidine 4 mg #60. The MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. Review of the medical file indicates the patient has been taking this medication since 01/31/2014. In this case, the provider does provide discussion regarding functional improvement or decrease in pain from taking this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.