

Case Number:	CM14-0190876		
Date Assigned:	11/24/2014	Date of Injury:	04/02/1998
Decision Date:	01/26/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 51-year-old gentleman with a date of injury of 04/02/1998. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 09/10/2014 indicated the worker was experiencing lower back pain that went into the right leg with leg numbness and tingling. Documented examinations consistently described painful walking pattern, tenderness with spasm in the lower back muscles, decreased motion in the lower back joints, decreased sensation in the calf and foot following the L5 spinal nerve, and positive sciatic nerve compression and sciatic stretch testing. The submitted and reviewed documentation concluded the worker was suffering from bulging lumbar disk(s), right L5 and S1 radiculopathy, spinal stenosis, and L5 listhesis. Treatment recommendations included oral and dermal pain medications and urinary drug screen testing. A Utilization Review decision was rendered on 10/13/2014 recommending non-certification for an indefinite quantity of Soma (carisoprodol), Xanax (alprazolam), Norco (hydrocodone with acetaminophen), and ibuprofen at unspecified doses for the date 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rx Ibuprofen 9/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Page(s): 67-73.

Decision rationale: Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg with leg numbness and tingling. There was no documentation detailing decreased pain intensity or increased function with this medication or assessing the worker's risk. Further, the request was made for an indefinite supply of medication at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite quantity of ibuprofen at an unspecified dose for the date 09/10/2014 is not medically necessary.

Rx Norco 9/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications. Page(s): 74-95, 124.

Decision rationale: Norco (hydrocodone with acetaminophen) 10/325mg is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg with leg numbness and tingling. The documented pain assessment contained few of the elements recommended by the Guidelines. There was no discussion detailing improved pain intensity or function with this medication. Further, the request was made for an indefinite supply of medication at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite quantity of Norco (hydrocodone with acetaminophen) at an unspecified dose for the date 09/10/2014 is not medically necessary.

Rx Xanax 9/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

Decision rationale: Xanax (alprazolam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg with leg numbness and tingling. There was no documentation of improved symptoms or findings with the use of this medication. Further, the request was made for an indefinite supply of medication at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite quantity of Xanax (alprazolam) at an unspecified dose for the date 09/10/2014 is not medically necessary.

Rx Soma 9/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma). Page(s): 63-66, 29.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg with leg numbness and tingling. These records did not describe the presence or absence of negative side effects, suggest benefit specific to the use of this medication despite long-term use, or provide an individualized risk assessment. Further, the request was made for an indefinite supply of medication at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite quantity of Soma (carisoprodol) at an unspecified dose for the date 09/10/2014 is not medically necessary.