

Case Number:	CM14-0201071		
Date Assigned:	12/11/2014	Date of Injury:	07/01/2006
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old woman who sustained a work-related injury on July 1, 2006. Subsequently, she developed chronic low back and knee pain. According to a progress report dated June 25, 2014, the patient complained of lumbar spine pain, which radiates to the bilateral legs. The patient reported a constant pain that she rated as a 7-8/10 with medications and 10/10 without medications. She also reported more right knee pain. She attributed this to having to put more weight on the right, since her left knee is her bad knee. She described the pain over the medial aspect. Examination of the lumbar spine revealed a restricted range of motion with flexion limited to 50 degrees, extension limited to 20 degrees, right lateral bending limited to 15 degrees, left lateral bending limited to 15 degrees, lateral rotation to the left limited to 10 degrees and lateral rotation to the right limited to 10 degrees. On palpation, paravertebral muscles, tenderness, tight muscle band, and trigger point was noted on both the sides. Multiple myofascial trigger points were noted. Heel and tow walk were normal. Lumbar facet loading was positive on both the sides. Straight leg raising test was positive on the left side. Inspection of the right knee joint revealed no deformity, swelling, or malalignment. Tenderness on palpation was positive with medial joint line and patella. McMurray's test was negative. On sensory examination, dysesthesias were present over lateral calf and lateral thigh on the left side. Patella reflex was 2/3 on the right side and 1/3 on the left side. hamstring reflex was 2/3 on the right side and 2/3 on the left side. Achilles reflex was 2/3 on the right side and 1/3 on the left side. on a note dated November 4, 2014, it has been documented that the patient had low back pain that radiated to the legs. The patient reported that she was seeing a chiropractic therapist and had 5-6 visits with some relief. The patient reported bilateral knee pain. The patient was diagnosed with lumbar disc degeneration right S1 level, thoracic neuritis or radiculitis, internal derangement of knee, and

current tear of medial cartilage. The provider requested authorization for Ibuprofen, Norco, and Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg/tab #90 Refill: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation about the duration of the prescription of Ibuprofen and the rationale behind that. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic back pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 600 mg 90 with 2 refills is not medically necessary.

Norco 10/325mg tab #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. According to the patient file, there is no objective documentation of pain and functional improvement to

justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.

Butrans 5mcg/hr patch #4 Refill: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; 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>.According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. The patient continued to have significant pain with Butrans. There is no justification to use multiple opioids. There is no recent documentation of recent opioid addiction. Therefore, the request for Butrans 5mcg #4 with 2 refills is not medically necessary.