

Case Number:	CM14-0204195		
Date Assigned:	12/17/2014	Date of Injury:	06/10/1998
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 64-year-old male with an injury date of 06/10/1998. Based on the 08/20/2014 progress report, the patient complains of having achiness in his lower back, right hip, buttock and knee, shoulder, and muscle spasms in his back. "He feels his medications are well tolerated, keeping his pain, depression, and anxiety under control." The 09/25/2014 report states that the patient's cervical spine has stiffness with extension and rotation. He has discomfort with flexion and extension on the right side as well. The patient has a tender right trochanter and sacroiliac joint. The patient has a tender right knee joint, discomfort with extension, and there is popping in his right knee. The 10/23/2014 report indicates that the patient continues to complain of achiness in his low back, right hip, right buttock, and the knee. He also has right shoulder pain, bilateral wrist pain, and muscle spasms in the back. The patient's diagnoses include the following: Lumbar degenerative disk disease. Neck and right shoulder pain. Right sacroiliac joint pain. Right knee pain. The utilization review determination being challenged is dated 11/06/2014. Treatment reports were provided from 05/28/2014 - 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Medications for Chronic Pain Page(s): 22; 60.

Decision rationale: The patient presents with achiness in his low back, right hip, right buttock, and knee as well as right shoulder pain, bilateral wrist pain, and muscle spasms in the back. The request is for Ibuprofen 800 MG #90. The patient has been taking Ibuprofen as early as 05/28/2014. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS page 60 also states that for medication use in chronic pain, pain and function need to be documented. There are no discussions provided specifically regarding ibuprofen. There are no documentations provided regarding how this medication has helped reduce the patient's pain and improve function. Therefore, the requested ibuprofen IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Medications for Chronic Pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with achiness in his low back, right hip, right buttock, and knee as well as right shoulder pain, bilateral wrist pain, and muscle spasms in the back. The request is for NORCO 10/325 MG #120. The patient has been taking Norco as early as 05/28/2014. MTUS Guidelines pages 88 and 89 state, "Patient should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 76 also requires documentation of the 4 A's (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. None of the reports provided give any discussion of any change in the patient's pain and function. None of the 4 A's were addressed as required by MTUS. The treater fails to provide any pain scales. There are no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Norco IS NOT medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The patient presents with achiness in his low back, right hip, right buttock, and knee as well as right shoulder pain, bilateral wrist pain, and muscle spasms in the back. The request is for SOMA 350 MG #120. The patient has been taking Soma as early as 05/28/2014. MTUS chronic pain medication guidelines muscle relaxants, page 63-66, "carisoprodol (Soma): neither of these formulations is recommended for longer than a 2 to 3 week period." This has been noted for sedative and relaxant effects. MTUS recommends request of Soma only for a short period. Soma has been prescribed on the reports dated 05/28/2014, 07/24/2014, 08/20/2014, 09/25/2014, and 10/23/2014. This exceeds the 2 to 3 week period recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.

Cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 16-17.

Decision rationale: The patient presents with achiness in his low back, right hip, right buttock, and knee as well as right shoulder pain, bilateral wrist pain, and muscle spasms in the back. The request is for Cymbalta 60 MG #30. The rationale is that "there was no documentation showing the patient had neuropathic pain." The patient has been taking Cymbalta as early as 05/28/2014. For Cymbalta, the MTUS guidelines pg16, 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." In this case, the patient does not present with neuropathic pain nor does he present with depression or fibromyalgia. The patient has right shoulder pain and bilateral wrist pain with muscle spasms in the back. The 10/23/2014 report states, "He feels his medications are well tolerated keeping his pain, depression, and anxiety under control." It appears as though the patient has been taking this medication for depression and it appears as though it is helping. The requested Cymbalta IS medically necessary.