

Case Number:	CM15-0105102		
Date Assigned:	06/09/2015	Date of Injury:	11/21/2006
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 11/21/06. He reported initial injury resulting from a fall 17 feet landing on his feet then fell backwards. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration; lumbar disc displacement; sciatica; anxiety state NOS; depressive disorder. Treatment to date has included physical therapy, acupuncture, injections; medications. Diagnostics included MRI lumbar spine (3/4/13). Currently, the PR-2 notes dated 5/11/15 indicated the injured worker complains of continued baseline pain levels to the central low back and radiation of pain to both lower extremities is persistent. He notes intermittent electrical sensation along with shooting pain sensations to the bilateral lower extremities with the right greater than the left. The provider notes the injured worker continues to rely on a small amount of medications to manage his persistent, chronic back pain and radiculopathic lower extremity pain related to his injuries. The Lyrica helps significantly with lower extremity pain and numbness as well as electrical shooting pain sensations. He also takes Norco 2 daily. The injured worker reports his mood continues to be variable with intermittent episodes of depression related to his pain. He has a clinical history of hypertension, but no surgical spine intervention was noted. The provider treatment plan includes request for authorization of One (1) prescription for Etodolac 300mg #60 with 2 refills; One (1) prescription for Hydrocodone/Acetaminophen 5/325mg #60 and One (1) prescription for Hydrocodone/Acetaminophen 5/325mg #60 (DNF [Do Not Fill] until 6/8/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Etodolac 300mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Lodine (etodolac) is a member of the pyranocarboxylic acid group of nonsteroidal anti-inflammatory drugs (NSAIDs). Lodine (etodolac capsules and tablets) is indicated for acute management of signs and symptoms of the osteoarthritis, rheumatoid arthritis, and for the management of acute pain. Prolonged use carries an increased risk of serious cardiovascular (CV) thrombotic events, myocardial infarction, and stroke, which can be fatal. Per Guidelines, 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. Monitoring of Lodine's functional benefit is advised as long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue Lodine for this chronic injury of 2006 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. The One (1) prescription for Etodolac 300mg #60 with 2 refills is not medically necessary or appropriate.

One (1) prescription for Hydrocodone/Acetaminophen 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent

severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The One (1) prescription for Hydrocodone/Acetaminophen 5/325mg #60 is not medically necessary and appropriate.

One (1) prescription for Hydrocodone/Acetaminophen 5/325mg #60 (DNF until 6/8/2015):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The One (1) prescription for Hydrocodone/Acetaminophen 5/325mg #60 (DNF until 6/8/2015) is not medically necessary and appropriate.