

Case Number:	CM15-0130167		
Date Assigned:	07/16/2015	Date of Injury:	10/14/2008
Decision Date:	09/01/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 51 year old male injured worker suffered an industrial injury on 10/14/2008. The diagnoses included lumbago, sciatica and lumbar, thoracic radiculitis. The treatment included medications. On 5/28/2015 the treating provider reported the injured worker had been stable on the current pain medications regime without side effects and did not exhibit any aberrant behavior. The injured worker presented with low back pain and leg pain with the pain rated 8/10 and without medications 10/10. The in-office urine drug screen was negative for OPI (opioids). On 2/27/2015 the urine drug screen was inconsistent for opioids. It was not clear if the injured worker had returned to work. The requested treatments included Ibuprofen 800mg tablet, 1 tablet by mouth twice daily as needed and Opana ER 30mg tablet, crush resistant, extended release, 1 tablet by mouth twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tablet, 1 tablet by mouth twice daily as needed, NTE 2 per day, 30 days, for a total of 60, start on May 28, 2015, end on June 26, 2015 and Ib (prescribed 05/28/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for non-steroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short-term therapy. It is recommended at lowest dose for the shortest period in patient with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. There also needs to be evidence of functional improvement. The documentation provided indicated the Ibuprofen was started on 2/2/2015 when pain was rated 9/10. Subsequent pain assessment levels were 8/10 with Ibuprofen use. The indication for this medication was for acute conditions and acute exacerbations for a short-term period. The medications had been in use for 4 months. There was no evidence of a comprehensive pain assessment and evaluation in particular for this medication and no evidence of functional improvement. Therefore Ibuprofen was not medically necessary.

Opana ER 30mg tablet, crush resistant, extended release, 1 tablet by mouth twice daily, 30 days, for a total of 60, start on May 28, 2015, end on June 26, 2015 and Ib (prescribed 05/28/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

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

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided indicated this medication had been used for at least for the prior 4 months for pain. There was evidence of pain levels with and without medications. There was a statement that the provider reported no aberrant drug behavior. There were 2 urine drug screens that were inconsistent for opioids and not addressed in the progress notes. There was no evidence of functional improvement. There was no evidence of a comprehensive pain assessment and evaluation. Therefore, Opana was not medically necessary.

