

Case Number:	CM15-0131135		
Date Assigned:	07/17/2015	Date of Injury:	08/13/1992
Decision Date:	09/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 58 year old female who sustained an industrial injury on 8/13/92. The injured worker was diagnosed as having thoracic or lumbar spondylosis with myelopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified. Currently, the injured worker was with complaints of chronic low back pain with radiation to the left lower extremity. Previous treatments included status post back surgery (March 1993), injections, oral analgesics, oral non-steroidal anti-inflammatory drugs, oral pain medications, heat application and home exercise program. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured work status was noted as permanent stationary. The injured workers pain level was noted as 3-4/10. Physical examination was notable for restricted flexion to 90 degrees, tenderness to cervical spine, tenderness to palpation over lower paraspinal muscles bilaterally, straight leg raise negative bilaterally, muscle strength 5/5 and gait stable. The plan of care was for Ibuprofen, Lyrica 50 milligrams, Celebrex 50 milligrams and Norco 10/325 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: Upheld

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

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

Decision rationale: The request is for Ibuprofen. The injured worker was with complaints of chronic low back pain with radiation to the left lower extremity. CA MTUS recommends the lowest dose non-steroidal anti-inflammatory drugs (NSAIDs) for the shortest period in patients with moderate to severe pain. Provider documentation did not note the initiation date of ibuprofen. The requested prescription is for an unstated dosage, frequency, and quantity and the medical records do not clearly establish the quantity. Requests for unspecified dosage, frequency and quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As such, the request for Ibuprofen is not medically necessary.

Lyrica 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The request is for Lyrica 50 milligrams. The injured worker was with complaints of chronic low back pain with radiation to the left lower extremity. A CA MTUS state Lyrica has been FDA approved in the treatment of diabetic neuropathy and post herpetic neuralgia and is considered first line treatment for both. The requested prescription is for an unstated quantity and frequency and the medical records do not clearly establish the quantity and frequency. Requests for unspecified quantities and frequencies of medications are not medically necessary, as the quantities and frequencies may potentially be excessive and in use for longer than recommended. As such, the request for Lyrica 50 milligrams is not medically necessary.

Celebrex 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The request is for Celebrex 50 milligrams. The injured worker was with complaints of chronic low back pain with radiation to the left lower extremity. CA MTUS recommends Celebrex in the case of back pain especially in case of failure of contraindication of NSAIDs. The requested prescription is for an unstated quantity and frequency and the medical records do not clearly establish the quantity and frequency. Requests for unspecified quantities and frequencies of medications are not medically necessary, as the quantities

and frequencies may potentially be excessive and in use for longer than recommended. As such, the request for Celebrex 50 milligrams is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Norco 10/325 milligrams. The injured worker was with complaints of chronic low back pain with radiation to the left lower extremity. CA 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 requested prescription is for an unstated quantity and frequency and the medical records do not clearly establish the quantity and frequency. Requests for unspecified quantities and frequencies of medications are not medically necessary, as the quantities and frequencies may potentially be excessive and in use for longer than recommended. As such, the request for Norco 10/325 milligrams is not medically necessary.