

Case Number:	CM15-0145072		
Date Assigned:	08/06/2015	Date of Injury:	07/13/2000
Decision Date:	09/29/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 13, 2000. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve requests for Motrin and Vicodin. The claims administrator referenced a progress note and an associated RFA form of July 14, 2015 in its determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged. An ancillary complaint of heel pain was noted. The applicant was on insulin, metformin, Motrin, glyburide, Glucotrol, Lopid, Neurontin, Vasotec, Lotensin, Elavil, and tramadol, it was reported. Permanent work restrictions were renewed. No seeming discussion of medication efficacy transpired on this date. On May 27, 2015, the applicant reported ongoing complaints of low back pain radiating into the left lower extremity. The applicant was having difficulty weight bearing, it was reported. Walking remained problematic, the treating provider acknowledged, despite ongoing medication usage. 8-9/10 pain complaints without medications versus 3-4/10 with medications were reported. The attending provider contended that the applicant's medications were facilitating performance of activities of daily living but did not elaborate further. The applicant was using Vicodin thrice daily and Motrin thrice daily, it was reported. The applicant was asked to continue the same and employ Neurontin for neuropathic pain complaints. The applicant's BMI was 32, it was reported. The applicant had apparently been off of work since 2011, the treating provider acknowledged. On May 28, 2015, it was acknowledged that the applicant was not working with

permanent restrictions in place. Norco and Motrin were renewed. No seeming discussion of medication efficacy transpired. Prolonged walking remained problematic, the treating provider reported. On July 14, 2015, the applicant reported ongoing complaints of low back pain with associated left lower extremity paresthesias exacerbated by walking. The applicant continued to use Vicodin at a rate of thrice daily, it was reported. The applicant was also using Elavil, Neurontin, and tramadol it was stated in another section of the note. Both Norco and Motrin were renewed. The attending provider stated that the applicant's pain complaints were controlled with ongoing medication consumption but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90 with 3 Rx refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple dates, including on July 14, 2015. While the treating provider stated that the applicant was reporting appropriate analgesia with Vicodin usage, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) as a result of ongoing Vicodin usage. The attending provider's multiple reports to the effect that the applicant was having difficulty standing and walking, coupled with the applicant's failure to return to work, in short, outweighed any subjective reports of analgesia derived as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

Motrin 800mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for Motrin, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin (ibuprofen) do represent the traditional first-line

treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into his choice of recommendations. Here, however, the applicant remained off of work it was acknowledged on July 14, 2015. The applicant remained dependent on opioid agents such as tramadol and Vicodin, despite ongoing Motrin usage. The applicant likewise remained dependent on a variety of adjuvant medications to include Neurontin and Elavil, it was acknowledged on that date. Permanent work restrictions were renewed, unchanged from prior visits, on July 14, 2015. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.