

Case Number:	CM15-0148293		
Date Assigned:	08/11/2015	Date of Injury:	10/16/2006
Decision Date:	09/16/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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 Jersey, New York

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 39 year old male who reported an industrial injury on 10-16-2006. His diagnoses, and or impression, were noted to include: post lumbar laminectomy syndrome; lumbar radiculopathy; status-post lumbar spine fusion; medication-related dyspepsia; vitamin D deficiency; and chronic pain. No current imaging studies were noted. His treatments were noted to include: diagnostic studies; left lumbosacral laminectomy with prosthetic disc and pedicle screws; a hardware block (9-30-14) - 20-50% effective x 1 week; medication management; and rest from work. The progress notes of 3-6-2015 reported presentation for a pain medicine follow-up and re-examination, with complaints of severe neck pain that radiated down into the bilateral upper extremities, and was aggravated by activities; severe low back pain that radiated down into the bilateral lower extremities and hips, left > right, was associated with muscle weakness in the lower extremities, and was aggravated by activities; and headaches. He reported that his pain was unchanged, interfered with his activities of daily living and sleep, and was relieved some by medications. Objective findings were noted to include: moderate distress; a slow gait with use of cane; tenderness and spasms in the lumbosacral vertebral area, with moderate decrease in lumbar range-of-motion secondary to pain, and decreased strength in the bilateral lumbosacral dermatomes; and tenderness at the bilateral hips. The physician's requests for treatments were noted to include the continuation of Norco, Ibuprofen, Vitamin D, and an Enovarx-Ibuprofen kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for ibuprofen is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. Although there was a reduction of pain, there was no objective documentation of functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, the request for ibuprofen is considered not medically necessary.

Vitamin D 2000units #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), TWC (Treatment for Workers Compensation), Online Edition, 2015, Chapter: Pain, Vitamin D (cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vitamin D; pain.

Decision rationale: The request is considered not medically necessary. According to ODG guidelines, Vitamin D is not recommended for the treatment of chronic pain. Vitamin D is recommended as a treatment for Vitamin D deficiency but this not usually a worker's compensation condition. Therefore, the request is considered not medically necessary.

Enovarx-Ibuprofen 10 percent kit #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics Page(s): 111-112.

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, it is unclear if he failed all oral analgesics. Therefore, the request is considered not medically necessary.