

Case Number:	CM15-0184136		
Date Assigned:	09/24/2015	Date of Injury:	11/01/2009
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 57 year old female, who sustained an industrial injury on 11-01-2009. The injured worker was diagnosed as having post laminectomy syndrome (failed back). On medical records dated 08-05-2015 and 06-18-2015, subjective complaints were noted as severe low back pain that was noted to decrease with medication. Pain with medication was noted to be a 5-6 out of 10 and without medication a 10 out of 10. Objective findings were noted as lumbar spine tenderness, positive straight leg raise bilaterally and positive deep tendon reflexes were noted. Treatments to date included medication, physical therapy and surgical intervention. Current medication was listed as Vicodin and Ibuprofen. The injured worker was noted to be taking Ibuprofen since at least 10-21-2014. Medication listed on progress noted dated 04-27-2015 was noted as Tramadol and Ibuprofen. The Utilization Review (UR) was dated 09-03-2015. A request for Vicodin 5-325mg #150 and Ibuprofen 600mg. The UR submitted for this medical review indicated that the request for Vicodin 5-325mg #150 and Ibuprofen 600mg was non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

VicodIn 5/325mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as Vicodin.

Ibuprofen 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not report persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type if there is failure of treatment with acetaminophen. As such, the medical records provided for review do not support the use of ibuprofen for the insured as there is no indication of persistent pain despite acetaminophen.