

Case Number:	CM15-0198001		
Date Assigned:	10/13/2015	Date of Injury:	06/22/2009
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old female who sustained an industrial injury on 06-22-2009. In the provider notes of 07-21-2015, the worker reports low back pain. She reports difficult mobility and inability to care for herself due to pain. She is requesting an electric wheelchair and a walk-in shower to decrease her dependence on others. Her pain is described as aching in the low back and bilateral legs that is made worse with standing, sitting, lifting, walking and lying flat. Sitting in a reclined position and using medication makes her pain better. Her pain is rated as a 9 on a scale of 0-10 without medication and a 7 on a scale of 0-10 with medications. She reports no new neurological changes or symptoms. Her exam is limited due to being in the wheelchair. She has 5 out of 5 bilateral leg strength. Sensation is slightly diminished in the lateral feet. Her Sacroiliac joints have tenderness bilaterally and there is tenderness over the paraspinal muscles. Her medications include Cozaar, Norvasc, Mitrex, Lodine (since at least 04-28-2015), Hydrodiuril, Prilosec, Lidex ointment, Ultram, Hydrocodone-acetaminophen, Norco, Zanaflex, and Norpramin. The treatment plan included medications and requests for an electric wheelchair and a walk-in shower. A request for authorization was submitted for Lodine 400mg 1 twice daily #180. A utilization review decision 09-29-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lodine 400mg 1 twice daily #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Medical documentation provided indicate this patient has been on Lodine since at least 0/2015, MTUS guidelines recommend against long-term use. The treating physician has not provided documentation of objective functional improvement with the use of this medication to warrant ongoing treatment. As such, the request for Lodine 400mg 1 twice daily #180 is not medically necessary.