

Case Number:	CM15-0202361		
Date Assigned:	10/19/2015	Date of Injury:	11/09/2012
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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, Florida, 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:

This is a 48 year old individual who sustained a work-related injury on 11-9-12. Medical record documentation on 9-4-15 revealed the injured worker was being treated for status post lumbar laminectomy and discectomy on 1-9-15. The injured worker complained of aching pain in the low back, which was rated a 7 on a 10-point scale (7 on 7-2-15). The injured worker's medication regimen included ibuprofen, Norco and Tramadol, which the injured worker reported as working. Objective findings included a normal gait. The injured worker had tenderness to palpation over the paralumbar musculature and the lumbar spine range of motion was reduced with forward flexion to 15 degrees, bilateral lateral bend to 10 degrees and extension to 10 degrees. There was a painful heel and toe walk. Previous therapy included aqua therapy, which was extremely beneficial. A request for Ultracet 50 mg #90 with three refills and Motrin 800 mg #60 with three refills was received on 9-14/15. On 9-18-15, the Utilization Review physician modified Ultracet 50 mg #90 with three refills to Ultracet 50 mg with no refills and determined Motrin 800 mg #60 with three refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 50mg 1 by mouth every 4-6 hours as needed #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 12, 13 83 and 113 of 127. This claimant was injured in 2012. 12. Medical record documentation on 9-4-15 revealed the injured worker was being treated for status post lumbar laminectomy and discectomy on 1-9-15. The injured worker complained of aching pain in the low back, which was rated a 7 on a 10-point scale (7 on 7-2-15). The injured worker's medication regimen included ibuprofen, Norco and Tramadol, which the injured worker reported as working. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Motrin 800mg 1 by mouth twice a day #60 with three refills: 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 rationale: Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26. Page 60 and 67 of 127. As shared previously, this claimant was injured in 2012. 12. Medical record documentation on 9-4-15 revealed the injured worker was being treated for status post lumbar laminectomy and discectomy on 1-9-15. The injured worker complained of aching pain in the low back, which was rated a 7 on a 10-point scale (7 on 7-2-15). The injured worker's medication regimen included ibuprofen, Norco and Tramadol, which the injured worker reported as working. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary and appropriately non-certified.