

Case Number:	CM15-0027465		
Date Assigned:	02/19/2015	Date of Injury:	08/19/2000
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 08/19/2000. On provider visit dated 01/08/2015 the injured worker has reported lower back to lower thoracic area and flank pain. She was noted to have muscle spasms in lower back on examination. The diagnoses have included lumbar disc disease, lumbosacral arthritis and knee arthritis syndrome. Treatment to date has included medication. Treatment plan included physical therapy and medication refills. On 01/14/2015 Utilization Review non-certified Ibuprofen 800 mg #180 and Hydrocodone/APAP 5.325 #90. The CA MTUS, ACOEM Treatment Guidelines ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication, medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with severe low back pain and lower thoracic and flank pain. The treater is requesting IBUPROFEN 800 MG #180. The RFA dated 01/08/2015 shows a request for ibuprofen 800 mg #180. The patient's date of injury is from 08/19/2000, and she is currently retired. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Furthermore, MTUS page 68 on NSAIDs for chronic low back pain states, "recommended as an option for short term symptomatic relief. Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The 01/08/2015 report notes that the patient is currently taking Motrin and hydrocodone and reports "no complete relief." The records show that the patient was prescribed ibuprofen on 10/14/2014. None of the reports from 10/14/2014 to 01/23/2015 note functional improvement and medication efficacy. In this case, given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.

Hydrocodone/APAP 5.325 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with severe low back pain and lower thoracic and flank pain. The treater is requesting HYDROCODONE/APAP 5/325 #90. The RFA dated 01/08/2015 shows a request for hydrocodone 5/325 mg #90. The patient's date of injury is from 08/19/2000, and she is currently retired. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed hydrocodone on 10/14/2014. The 01/08/2015 report notes that the patient is currently taking Motrin and hydrocodone but "no complete relief" was noted. None of the reports from 10/14/2014 to 01/23/2015 notes before and after pain scales. There are no discussions about specific ADLs. There are no side effects or aberrant drug-seeking behavior such a urine drug screen or CURES report noted. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

