

Case Number:	CM15-0037193		
Date Assigned:	03/05/2015	Date of Injury:	10/10/2005
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/27/2015

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: Georgia, California, Texas

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:

The injured worker is a 44-year-old male, who sustained an industrial injury on 10/10/05. He has reported low back injury. The diagnoses have included status post lumbar surgery (2007), lumbar radiculopathy and low chronic back pain. Treatment to date has included lumbar surgery, Norco and lumbar surgery. Currently, the injured worker complains of increased level of low back pain. Physical exam dated 1/5/15 revealed no spasm along the paralumbar musculature, well-healed vertical incision, any erythema, restricted range of motion and stiffness with ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 1 tab orally 3x/day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 of 127.

Decision rationale: MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain, but does not support chronic use of NSAIDs for low back conditions. Per the submitted documentation, the injured worker has consulted an orthopedic office for further care after retirement of his pain management physician, who was prescribing high dose opioid therapy on a non-industrial basis. Consultation with a new pain management physician on an industrial basis had been scheduled but had not yet occurred at the time of this request. Based upon the documented attempt by the current treating physician to reduce opioid usage; temporary supplementation of the medication regimen with non-opioid medication including an NSAID was reasonable and medically necessary.

Norco 10/325mg 1 tab orally every 4-6 hours #84: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids, dosing; Weaning of Medications Page(s): 78-81, 86, and 124 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the submitted documentation, the injured worker has consulted an orthopedic office for further care after retirement of his pain management physician, who was prescribing high dose opioid therapy on a non-industrial basis. Previous opioid dosage was well in excess of the 120 mg/day MED (morphine equivalent dosage) limit recommended by MTUS. Consultation with a new pain management physician on an industrial basis had been scheduled but had not yet occurred at the time of this request. MTUS recommends gradual weaning of opioid medication, since abrupt discontinuation can result in withdrawal symptoms. While based upon the submitted documentation the "4 A's" do not appear to be conclusively met, provision of limited amounts of Norco to prevent withdrawal symptoms while awaiting pain management evaluation was reasonable and medically necessary in this case.