MAXIMUS Federal Services

Case Number:	CM15-0041178		
Date Assigned:	03/11/2015	Date of Injury:	09/22/2006
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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, New York, 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:

The applicant is a represented 45-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 22, 2006. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve requests for Motrin and Ultracet while approving a request for Lyrica. An RFA form received on February 18, 2015 was referenced in the determination. The applicant's attorney subsequently appealed.On February 12, 2015, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant was using Motrin and baclofen for pain relief, the latter of which was making her nauseous. The applicant was apparently considering a functional restoration program. The applicant was not working. 9/10 pain without medications versus 6-7/10 with medications was reported, exacerbated by sitting, standing, walking, bending, and lifting. The applicant was severely obese, standing 5 feet 10 inches tall and weighing 306 pounds. Multiple medications were renewed, including Lyrica, Ultracet, and Motrin. The applicant did have superimposed issues with depression, it was acknowledged.On January 2, 2015, it was again stated that the applicant had failed epidural steroid injection therapy and was not very functional even with her medications. A functional restoration program was endorsed while various medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: No, the request for Motrin, an anti-inflammatory medications, was not medically necessary, medically appropriate, or indicated here.While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin (ibuprofen) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work. The applicant was severely obese. The applicant acknowledged that sitting, standing, lifting, and bending all remained problematic, despite ongoing Motrin usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request was not medically necessary.

90 tablets of Ultracet 37.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Ultracet, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here.As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work as of the date of the request. As the attending provider herself acknowledged on December 3, 2014, the applicant was not particularly functional with her medications. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and lifting. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Ultracet. Therefore, the request was not medically necessary.