

Case Number:	CM15-0043344		
Date Assigned:	03/13/2015	Date of Injury:	08/11/2010
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/06/2015

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 32-year-old male, with a reported date of injury of 08/11/2010. The diagnoses include lumbar/lumbosacral disc degeneration, spinal stenosis, and lumbar spine sprain/strain. Treatments to date have included an MRI of the low back, an electromyography/nerve conduction velocity of the bilateral lower extremities, oral medications, and an x-ray of the lumbar spine. The progress report dated 01/06/2015 indicates that the injured worker complained of having headaches and low back pain. The objective findings were documented as an acronym. The treating physician requested Ibuprofen 800mg #60 and Tylenol #3 300/30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, sixty count with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 01/06/2015 hand written report, the patient complains of "having headache with low back pain". The current request is for Ibuprofen 800 mg, sixty count with no refills. The request for authorization is not included in the file for review. The patient's work status is to "remain off work until 02/05/2015". The MTUS Guidelines page 22 reveal the following regarding NSAIDs, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". In reviewing the provided reports, Ibuprofen was first noted in the 11/18/2014 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, the treating physician does not mention how this medication has been helpful in any way. The request is not medically necessary.

Tylenol #3 300/30 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: According to the 01/06/2015 hand written report, the patient complains of "having headache with low back pain". The current request is for Tylenol #3 300/30 mg, sixty count. This medication was first mentioned in the 11/18/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is to "remain off work until 02/05/2015". For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. Per 12/16/2014 report, the treating physician indicates the patient "continues with pain, low back, 9/10". UDS was obtained on 11/18/2014. Based on the reports provided for review, there is documentation of pain assessment using a numerical scale describing the patient's pain but not before and after analgesia is provided. UDS was obtained but the results were not discussed. In this case, there is no documentation provided discussing patient's functional improvement with the opiate usage. ADL's were not mentioned. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's-analgesia, ADL's, adverse side effects, adverse behavior as required by the MTUS. Therefore, the request is not medically necessary.