

Case Number:	CM15-0046929		
Date Assigned:	03/19/2015	Date of Injury:	02/10/1998
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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 58-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of February 10, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical laminectomy surgery; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve requests for Excedrin for migraine headaches, tramadol, Motrin, and Norco. The claims administrator referenced an RFA form received on February 20, 2015 in its determination. A progress note of December 18, 2014 was also referenced in the determination. The applicant's attorney subsequently appealed. On September 4, 2014, the applicant's orthopedic spine surgeon stated that there was no further indication for surgical intervention some one year removed from the date of an earlier cervical fusion surgery. The applicant was still using Norco for pain relief. The applicant had not, however, been able to return to work, it was acknowledged. On February 17, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was using Norco, tramadol, Motrin, and Excedrin. The applicant had developed dyspepsia with Motrin, it was acknowledged. 8-9/10 pain without medications versus 5-8/10 pain with medications was appreciated. The attending provider stated that the applicant would be unable to walk and/or function without his medications. The applicant was unemployed, it was acknowledged. The applicant was still smoking, it was further noted. The applicant was unable to engage in hobbies such as hunting and/or fishing secondary to his pain complaints. The applicant's medication list included Norco,

Motrin, Prilosec, Excedrin, Flexeril, and Tramadol, it was acknowledged. Permanent work restrictions were renewed, seemingly resulting in the applicant's removal from the workplace. The attending provider concluded that the applicant's pain complaints were, overall, worsened.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excedrin table migraine 1-2 day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67.

Decision rationale: Yes, the request for Excedrin was medically necessary, medically appropriate, and indicated here. Excedrin is a non-prescription amalgam of acetaminophen and aspirin. As noted on page 67 of the MTUS Chronic Pain Medical Treatment Guidelines, non-prescription medications such as Excedrin are "recommended." Here, usage of Excedrin on an as-needed basis for migraine headaches, thus, was indicated, given its low risk and low cost. Therefore, the request was medically necessary.

Tramadol capsule 150mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Therapeutic trail of Opioids Page(s): 113, 91, 76, 78.

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

Decision rationale: Conversely, the request for tramadol, a synthetic opioid, was 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, however, the applicant had failed to return to work, as acknowledged on multiple occasions, referenced above, including on February 17, 2015. The applicant was described as unemployed. The applicant was no longer as active as in the past, it was acknowledged. The applicant was having difficulty performing various activities of daily living, including hunting and fishing. The attending provider's commentary to the effect that the applicant would be unable to walk or function without his medications does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Ibuprofen 600mg twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant has apparently developed dyspepsia in conjunction with ongoing Motrin usage. Cessation of the offending NSAID, ibuprofen (Motrin), thus, appears to be a more appropriate option than continuing the same, particularly in light of the fact that the applicant had seemingly failed to effect any lasting benefit or functional improvement through ongoing ibuprofen usage. The applicant has failed to return to work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit, despite ongoing ibuprofen usage. Ongoing usage of ibuprofen has failed to curtail the applicant's dependence on opioid agents such as Tramadol and/or Norco. The attending provider has acknowledged that the applicant is having difficulty performing various activities of daily living, including hunting, fishing, walking, etc., despite ongoing ibuprofen consumption. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing ibuprofen usage. Discontinuing the same, thus, appeared to be a more appropriate option, particularly in light of the dyspepsia reported with ongoing ibuprofen usage on February 17, 2015. Therefore, the request was not medically necessary.

Norco tablet 10/325mg 6 per day #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail of Opioids Page(s): 76.

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

Decision rationale: Finally, the request for Norco, a short-acting 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, however, the applicant was off of work, it was acknowledged on February 17, 2015. While the attending provider recounted some reduction in pain scores reportedly effected as a result of ongoing ibuprofen consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing Norco usage. The applicant's commentary to the fact that he would be unable to walk and/or function without his medications does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. Therefore, the request was not medically necessary.

