

Case Number:	CM13-0014222		
Date Assigned:	09/27/2013	Date of Injury:	09/09/2001
Decision Date:	01/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient has a date of injury of September 9, 2001. He is a 60-year-old male with an injury to the lower back and left shoulder. He sustained his injuries as his truck flipped over and slid. The patient is pending a C4-C5 anterior cervical discectomy. He continues to have low back pain which radiates to the bilateral legs, and neck pain that radiates to his fingers on the left. Past treatments included physical therapy, home exercise program, medications, and surgery. The patient has been taking Norco since 2010. The patient has been taking some lessons in October 2012. The patient has been venting emotions since February 2010. There is no documentation of improving function are decreasing pain with Norco, Soma, or Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management, Page(s): 78-80.

Decision rationale: The Chronic Pain Guidelines indicate that on-going management with opioids requires on-going review and documentation of pain relief, functional status and side

effects. There is no documentation indicating the patient's function has improved with this medication or that the medications provide adequate pain relief in the multiple years, and that it was used. Also, the medication is not intended for long-term use and is indicated for short-term treatment of moderate to severe pain. As there is no record of overall improvement in function medication, it is not medically necessary.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants should be used for a short period time. There should also be improved function with this medication. There is no documentation that this patient is having muscle spasticity. Muscle relaxers such as Soma are used as a second option for short-term treatment of acute exacerbations of chronic low back pain. This patient has had treatment for several months for low back pain. There is no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in the overall improvement in pain, according to the guidelines. In addition, the records do not indicate what improvement in function or decrease in pain the patient has had with the muscle relaxers. Therefore as guidelines suggest this medication is not the first line treatment, and is not shown benefit over other medications, and there is no documentation that this patient has improved function.

Motrin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 68.

Decision rationale: The Chronic Pain Guidelines recommend NSAIDs for chronic back pain; however they recommend they be used for short periods of time. This patient has been taking NSAIDs for an extended period of time. He has been taking medication for several years. Thailand's only recommend this medication for short term symptomatic relief. Therefore, he has been taking the medication longer than guidelines recommendation. Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief for chronic low back pain. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another.