

Case Number:	CM14-0163156		
Date Assigned:	10/08/2014	Date of Injury:	10/11/2011
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Pennsylvania. 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/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 worker has diagnoses of mechanical back pain and internal derangement attributed to an injury on October 11, 2011. According to the primary treating physician's progress report on April 28, 2014 she had subjective complaint low back pain ongoing with occasional flares and knee pain. Objective findings included minimal left knee tenderness and lumbar tenderness. The treatment plan on that date included Norco 10/325 3 times a day when necessary, Soma 350 mg 4 times a day, Ibuprofen 600 mg 4 times a day. The diagnosis and treatment plan was the same on August 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 10/325mg BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines

state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco.

Ibuprofen 600mg QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-70.

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

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Ibuprofen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to Acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of Acetaminophen. Although the short-term use of Ibuprofen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time.

Carisoprodol 350mg QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Carisoprodol (Soma) Page(s): 63, 29.

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

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Carisoprodol are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Carisoprodol is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. In this case, the worker has been prescribed Carisoprodol for several months which exceeds medical necessity.