

Case Number:	CM14-0166458		
Date Assigned:	10/13/2014	Date of Injury:	02/14/2001
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

The patient is a 64 year old female with an injury date of 02/14/01. Based on the 09/05/14 progress report, the patient complains of lower back pain which radiates to the bilateral legs. She describes the pain as being stabbing, shooting, throbbing, and piercing. She rates her pain as an 8/10. The 08/08/14 report also states that the patient has severe neck spasms. The patient's diagnoses include the following: 1. Post cervical spine surgical syndrome status post C5-6 fusion. Mechanical axial neck and radicular arm pain, widespread degenerative changes. 2. Post laminectomy syndrome L3 through L5 with moderate stenosis L2-3. 3. Atrial fibrillation with valvular disease. 4. Chronic pain on diazepam and hydrocodone. The utilization review determination being challenged is dated 09/30/14. Treatment reports were provided from 01/27/14- 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Ibuprofen 800mg: 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 Chronic Pain; Anti-inflammatory; Medications for chronic pain Page(s): 22; 60-61.

Decision rationale: According to the 09/05/14 report, the patient presents with lower back pain which radiates to the bilateral legs. The request is for 90 tablets of Ibuprofen 800 mg. the patient has been taking Ibuprofen as early as 01/27/14. MTUS page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted." MTUS page 60 states that for medication use in chronic pain, pain and function need to be documented. There are no discussions provided as to how Ibuprofen relieves the patient's pain or how the patient has functional improvement from this medication. Due to lack of documentation, recommendation is not medically necessary.

90 tablets of Hydrocodone/Acetaminophen 10/325mg: 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): 78, 88-89.

Decision rationale: According to the 09/05/14 report, the patient presents with lower back pain which radiates to the bilateral legs. The request is for 90 tablets of Hydrocodone/Acetaminophen 10/325 mg. She has been taking Hydrocodone/Acetaminophen as early as 01/27/14. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. There are no discussions provided regarding Hydrocodone's efficacy. The 4 A's are not discussed as required by MTUS. There is no discussion regarding the patient's ADL's, quality of life, or adverse behavior/side effects. Recommendation is not medically necessary.

120 tablets of Diazepam 10mg: 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 Benzodiazepines Page(s): 24.

Decision rationale: Based on the 09/05/14 report, the patient presents with lower back pain which radiates to the bilateral legs. The request is for 120 tablets of Diazepam 10 mg. The patient has been taking Diazepam as early as 01/27/14. MTUS page 24 states that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the patient has been taking Diazepam since 01/27/14 which exceeds the time frame benzodiazepines are recommended for. Recommendation is not medically necessary.

