

Case Number:	CM13-0060144		
Date Assigned:	12/30/2013	Date of Injury:	06/30/1995
Decision Date:	04/06/2015	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on 6/30/1995. The mechanism of injury was not noted. The diagnoses have included displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included conservative measures. On 11/04/2013, the injured worker complains of severe back pain with muscle spasms, a burning pain in his right leg, and leg cramps at night. He reported 50% functional improvement with medication use. Current medications included Opana ER, Percocet, Lidoderm patches, Ambien, Valium, Trazadone, and "now using Lodine again". Exam of the lower back noted a right sided, forward flexed posture. He could not stand up straight. Palpation revealed muscle rigidity in the lumbar trunk, suggesting muscle spasm. Bilateral straight leg raise tests were 80 degrees, causing right sided back pain. Motor strength, sensation, and deep tendon reflexes were intact to the lower extremities, with the exception of some alteration to light touch and pinprick at the right lateral calf and bottom of foot. Diagnostic testing reports were not noted. Treatment plan included Lodine 400mg twice daily. On 11/18/2013, Utilization Review non-certified a request for Lodine 400mg BID #60, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LODINE 400MG BID #60: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been prescribed Lodine along with opioids. There was mention of tapering opioids but the claimant remained on opioids for years after the initial request for Lodine. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Lodine is not medically necessary.