

Case Number:	CM14-0110324		
Date Assigned:	09/16/2014	Date of Injury:	07/09/2001
Decision Date:	06/30/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 57 year old male, who sustained an industrial injury on 7/9/01. He reported initial complaints of back pain radiating down leg. The injured worker was diagnosed as having lumbar disc degeneration T12-S1; lumbar spinal stenosis; herniated nucleus pulposus without myelopathy, lumbar; congenital lumbar spinal stenosis. Treatment to date has included lumbar epidural steroid injections 2002; physical therapy; medications. Diagnostics included MRI lumbar spine (12/14/01). Currently, the PR-2 notes dated 5/7/14 indicated the injured worker complains of pain and stiffness in the lower lumbar region. He has been diagnosed per MRI scan (no date) with lumbar spondylosis and herniated disc at L5-S1 but did not have any spinal surgery. He has been seen previously by two neurosurgeons who felt surgery was not indicated. He has had epidural steroid injection. His current job does not entail lifting but he still has chronic lumbar pain with a baseline of 2/10 but can be exacerbated with physical activities. He may have pain radiating down the back of the right leg to the knee and sometimes down the back of the left upper thigh. He has a history of diabetes non-insulin dependent (Type II) and has hypertension. The physical examination of the lumbar spine was with negative findings only noting decreased flexion at 70 degrees on this date. The provider has requested Ibuprofen 600mg #90 with 5 refills and Vicodin 5/500mg #90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 600mg #90 with 5 refills is not medically necessary.

Vicodin 5/500mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." Vicodin is a short acting opioid recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. There is no clear evidence of a breakthrough of back pain. There is no documentation of pain and functional improvement with previous use of Narcotics. Therefore, the request for Vicodin 5/500mg #90 with 5 refills is not medically necessary.