

Case Number:	CM14-0216610		
Date Assigned:	01/06/2015	Date of Injury:	04/17/1999
Decision Date:	03/09/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 63 year old male with date of injury 4/17/99. The mechanism of injury is stated as hurting his back while fixing a lock. The patient has complained of low back pain with radiation of the pain to the right leg since the date of injury. He has been treated with 3 lumbar spine surgeries (the last of which was in 08/2010), epidural steroid injections, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, positive straight leg raise bilaterally, tenderness to palpation of the bilateral paraspinous lumbar musculature. Diagnoses: lumbar sprain, lumbar spine radiculopathy. Treatment plan and request: Ibuprofen, Tylenol #3, Methocarbamol/Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin/Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: This 63 year old male has complained of low back pain with radiation of the pain to the right leg since date of injury 4/17/99. He has been treated with 3 lumbar spine surgeries (the last of which was in 08/2010), epidural steroid injections, physical therapy and medications to include NSAIDS since at least 10/2014. The current request is for ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 2 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

Tylenol #3 (APAP/Codeine 300/30mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 63 year old male has complained of low back pain with radiation of the pain to the right leg since date of injury 4/17/99. He has been treated with 3 lumbar spine surgeries (the last of which was in 08/2010), epidural steroid injections, physical therapy and medications to include opioids since at least 10/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tylenol #3 is not indicated as medically necessary.

Methocarbamol/Robaxin 750mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 63 year old male has complained of low back pain with radiation of the pain to the right leg since date of injury 4/17/99. He has been treated with 3 lumbar spine surgeries (the last of which was in 08/2010), epidural steroid injections, physical therapy and medications to include opioids since at least 10/2014. No treating physician reports adequately

assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methocarbamol/Robaxin is not indicated as medically necessary.