

Case Number:	CM14-0042321		
Date Assigned:	06/30/2014	Date of Injury:	08/29/2010
Decision Date:	01/09/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/08/2014

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 Rehabilitation & Pain Management 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 24 year old male with an injury date of 08/29/10. Based on the progress report dated 03/17/14, the patient complains of low back pain. Physical examination of the thoracolumbar spine reveals tenderness to palpation of the paraspinals. There is limited range of motion with flexion at 50 degrees and extension, right lateral bending, and left lateral bending at 25 degrees. The patient has received some chiropractic treatments which have helped "reduce pain and improve range of motion," as per the same progress report. He is awaiting 6 more sessions of chiropractic therapy. The patient also uses Relafen and Ultracet for pain management, and also follows a home exercise regimen. The patient's work status has been determined as permanent and stationary as previous, as per progress report dated 03/17/14. Diagnoses, 03/17/14: Cervical sprain strain; Left shoulder pain with impingement signs; Left shoulder tendinosis and small intrasubstance tears, subacromial bursitis; Ruptured disc with NF stenosis L4-L5. The treating physician is requesting (a) Relafen 750 mg #60 with one refill (i tab PO BID w/food PRN pain) (b)Ultracet # 60 with one refill (1 tab po 4-6 hrs PRN pain). The utilization review determination being challenged is dated 04/01/14. The rationale follows:(a) Relafen 750 mg #60 with one refill (i tab PO BID w/food PRN pain) - "Nonsteroidal anti-inflammatories (NSAIDs) are recommended only for short-term use." (b) Ultracet # 60 with one refill (1 tab PO 4-6 hrs PRN pain) - "There is no documentation of a maintained increase in function or decrease in pain with the use of this medication." Treatment reports were provided from 03/17/14 - 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs medication for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with on going low back pain characterized by tenderness to palpation of the paraspinals, as per progress report dated 03/17/14. The request is for Relafen 750 mg # 60 with one refill (i tab PO BID w/food PRN pain). Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, there is only one progress report with a date of service prior to that of the UR denial date. In progress report dated 03/17/14, the treating physician states that the patient "takes Relafen and Ultracet to as needed to alleviate his pain." However, the progress report does not discuss specific functional improvement or pain reduction from the medication. Since the MTUS guidelines recommend short-term use of NSAIDs such as Relafen with documented improvement in pain or functionality, the request is not medically necessary.

Ultracet #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Opioids, medication for chronic pain Page(s): 60-61, 78, 88-89..

Decision rationale: This patient presents with on going low back pain characterized by tenderness to palpation of the paraspinals, as per progress report dated 03/17/14. The request is for Ultracet # 60 with ONE refill (1 tab PO 4-6 hrs PRN pain). For chronic opioids use, 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. For acetaminophen, MTUS guidelines on pages 11 and 12 state that "Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. There is insufficient evidence to recommend one medication over the other." The guidelines also point out that "Further research on this topic has been suggested. It appears that part of the reason that acetaminophen was recommended as a first-line treatment over NSAIDs in most guidelines, in part, was that acetaminophen appeared to have less adverse effects. (Roelofs-Cochrane, 2008)." In this case, the treating physician is requesting for Ultracet

which contains acetaminophen and Tramadol (an opioid). In this case, there is only one progress report with a date of service prior to that of the UR denial date. In progress report dated 03/17/14, the treating physician states that the patient "takes Relafen and Ultracet to as needed to alleviate his pain." While Acetaminophen may appear to be a reasonable choice, the progress report does not reflect a specific change in pain scale or increase in activities of daily living. There are no indications of urine drug screens and CURES reports to demonstrate consistent use. The treating physician does not discuss side effects or changes in behavior due to the medication. The report lacks sufficient documentation regarding the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior. The request is not medically necessary.