

Case Number:	CM15-0005751		
Date Assigned:	01/29/2015	Date of Injury:	11/30/1999
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female who suffered a work related injury on 11/30/99. Per the physician notes from 12/11/14, she complains of sternal pain. She states the pain is worse without medication. The treatment plan consists of daily exercise and stretching program, Vicodin, Motrin, and a urine drug screen. On 12/22/14, the Claims Administrator non-certified the Vicodin and Motrin, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60-61.

Decision rationale: Based on the 12/11/14 progress report provided by treating physician, the patient presents with sternal pain. The request is for MOTRIN 800MG #90. Patient's diagnosis on 12/11/14 included costosternal strain, pectoralis muscle strain, myofascial syndrome, and no clear indication of a fracture of the sternum or a dislocation/fracture of the ribs. Per progress report dated 12/11/14, treater states "so far the examinee has not derived benefit from physical therapy or medications... in this type of pain situation, at times some the the medications like Neurontin and Elavil in gradually-increasing dosages may be helpful in relieving some of the pain." The patient is permanently partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Per treater report dated 12/11/14, "X-ray was undertaken in December 1999, which indicated the patient had developed a chest infection. The patient was treated with antibiotics and Motrin for pain." Though patient presents with chronic pain, there is no documentation or discussion of decrease in pain or increase in function with the use of Motrin. Furthermore, guidelines do not warrant long term use of anti-inflammatory medications without discussion of medication efficacy. Given lack of documentation as required by MTUS, the request IS NOT medically necessary.

Vicodin 5/300 mg #30: 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): 76-78, 88-89, Postsurgical Treatment Guidelines.

Decision rationale: Based on the 12/11/14 progress report provided by treating physician, the patient presents with sternal pain. The request is for VICODIN 5/300MG #30. Patient's diagnosis on 12/11/14 included costosternal strain, pectoralis muscle strain, myofascial syndrome, and no clear indication of a fracture of the sternum or a dislocation/fracture of the ribs. X-ray was undertaken in December 1999, which indicated the patient had developed a chest infection. Per progress report dated 12/11/14, treater states "so far the examinee has not derived benefit from physical therapy or medications... in this type of pain situation, at times some the the medications like Neurontin and Elavil in gradually-increasing dosages may be helpful in relieving some of the pain." The patient was treated with antibiotics and Motrin for pain. The patient is permanently partially disabled. 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. Progress report with the request has not been provided. In this case, treater has not stated how Vicodin reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. There are no UDS's, CURES reports, or opioid pain agreement. No return to work or change in work status, either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.