

Case Number:	CM15-0007833		
Date Assigned:	01/26/2015	Date of Injury:	03/01/1998
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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:

This 53 year old male sustained an industrial injury on 3/1/98. He subsequently reports chronic low back pain. Diagnoses include lumbago and cervicalgia. Prior treatments include lumbar epidural injections. Medications include Motrin and Morphine. The UR decision dated 12/16/14 non-certified Motrin 600MG #90 and partially-certified MSIR 15MG #120 to MSIR 15MG #60. The non-certified Motrin 600MG #90 and partially-certified MSIR 15MG #120 to MSIR 15MG #60 were based on CA MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68.

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

Decision rationale: The patient presents with pain in his lumbar spine and neck. The request is for MOTRIN 600MG #90. The request for authorization is not available. The patient is status-post right shoulder arthroscopy, date unknown. The patient's neck and back pain is worse since rain. The patient had pain with flexion and rotation. The patient ambulates with a cane in a bend position. Patient has had epidural injection that has helped. The patient's medication include MSIR, Motrin and Flexeril. The patient's work status is not available. 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. Per progress report dated 01/12/15, treater's reason for the request is "he needs his medications for him to function." The patient presents with chronic pain, however, 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. Therefore, given lack of documentation as required by MTUS, the request IS NOT medically necessary.

MSIR 15MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in his lumbar spine and neck. The request is for MSIR 15MG #120. The request for authorization is not available. The patient is status-post right shoulder arthroscopy, date unknown. The patient's neck and back pain is worse since rain. The patient had pain with flexion and rotation. The patient ambulates with a cane in a bend position. Patient has had epidural injection that has helped. The patient's medication include MSIR, Motrin and Flexeril. The patient's work status is not available. 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. Per progress report dated 01/12/15, treater's reason for the request is "he needs his medications for him to function." In this case, treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how MSIR decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contracts were provided. No discussions of change in work status or return to work were provided, either.

Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Therefore, the request IS NOT medically necessary.