

Case Number:	CM15-0017325		
Date Assigned:	02/05/2015	Date of Injury:	12/01/2012
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old male, who sustained a work/ industrial cumulative trauma injury on 12/1/12 while working as a cook. He has reported symptoms of low back pain that radiated from the low back down the right leg. Pain was reported as 6/10 with medication and 9/10 without medication. His activity level is noted to have decreased. Prior medical history included hypertension and hypercholesterolemia. The diagnoses have included lumbar facet syndrome, spinal/lumbar degenerative disc disease (DDD), low back pain, sprains, and strains of the lumbar region. Treatment to date has included medication, epidural injection, and lumbar medial branch blocks (L3, 4, 5 and sacral area). Exam noted normal gait, strength, and sensation in the lower extremities, right knee jerk reflex slightly decreased, no tenderness to palpation and lumbar facet loading test was positive indicating facet syndrome. Medications included Ibuprofen, M S Contin CR, Allopurinol, Amlodipine Besylate, Aspirin, Atenolol, and Atorvastatin. A request was made for refill of MS Contin CR and Ibuprofen for pain. On 1/16/15, Utilization Review modified MS Contin CR 30 mg #90 to MS Contin 30 mg #36 and non-certified Ibuprofen 800 mg #60, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin CR 30mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: MS Contin CR 30mg # 90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for MS Contin CR is not medically necessary.

Ibuprofen 800mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen 800mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Ibuprofen for an extended period since 8/18/14 without evidence of functional improvement and with persistent pain. The request for continued Ibuprofen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. Additionally, this patient is known to have hypertension and additionally has suffered a stroke (TIA). The request for continued Ibuprofen is not medically necessary.