

Case Number:	CM15-0123067		
Date Assigned:	07/07/2015	Date of Injury:	10/16/2006
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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: Preventive Medicine, Occupational 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 39-year-old male, who sustained an industrial injury on 10-16-2006. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbar radiculopathy, status post lumbar fusion, depression, medication related dyspepsia, Vitamin D deficiency, and chronic pain, other. Treatment to date has included diagnostics, lumbar spinal surgery, hardware block 9/2014, home exercise program, and medications. Currently, the injured worker complains of neck pain with radiation down the bilateral upper extremities, low back pain with radiation down his lower extremities, bilateral hip and toe pain, ongoing headaches, and insomnia. He reported pain from head to toe, rated 9/10 with medication use and 10/10 without, and unchanged since last visit. He reported ongoing limitations with activities of daily living, rated 10/10. Exam noted a slow gait with use of a cane. It was documented that he developed opiate tolerance due to long-term use and prescriptions provided reflected a slow weaning. He was currently not working. The treatment plan included a renewal of current medications, including Hydrocodone-APAP, Ibuprofen, Vitamin D, Zolpidem, and Enovarx-Ibuprofen 10% kit. Medications and pain levels appeared consistent since at least 1/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 1 every 12 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Ibuprofen 800mg 1 every 12 hours #90 is determined to not be medically necessary.

Vitamin D 2000 units 2 tablets every day #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mnim.nih.gov/med.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vitamin D (cholecalciferol).

Decision rationale: The MTUS Guidelines do not address the use of Vitamin D. The ODG recommends consideration of Vitamin D supplementation in chronic pain patients. There is a correlation of low Vitamin D levels and the amount of narcotic pain medications used. In this case, there is evidence in the available documentation that the injured worker has a vitamin D deficiency; therefore, the request for Vitamin D 2000 units 2 tablets every day #100 is determined to be medically necessary.

Enovarx-ibuprofen 10% kit #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FDA, non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Topical Analgesics.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve weeks. These medications may be useful for chronic musculoskeletal pain,

but there are no long-term studies of their effectiveness or safety. Indications are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments. Per the ODG, Recommended for the following indications: Acute pain: Recommended for short- term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical NSAIDs can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. They are considered particularly useful for individuals unable to tolerate oral administration, or for whom it is contraindicated. There appears to be little difference in analgesic efficacy between topical diclofenac, ibuprofen, ketoprofen and piroxicam, but indomethacin is less effective, and benzydamine is no better than placebo. The number needed to treat for clinical success, defined as 50% pain relief, for all topical NSAIDs combined vs. placebo was 4.5 (95% confidence interval [CI], 3.9 - 5.3) for treatment periods of 6 to 14 days. Current studies indicate 6 or 7 out of 10 patients have effective pain control with topical agents vs. 4 out of 10 with placebo. The reason for the high placebo rate is that most sprain/strain injuries improve on their own. In this case, the injured workers pain level has not decreased with the use of topical medications; therefore, the request for Enovarx-ibuprofen 10% kit #1 is determined to not be medically necessary.

Norco 10/325mg 1 every 4 hour #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg 1 every 4 hour #150 is determined to not be medically necessary.