

Case Number:	CM15-0145798		
Date Assigned:	08/06/2015	Date of Injury:	09/14/2001
Decision Date:	11/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Florida, 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 61-year-old male, who sustained an industrial injury on 9-14-2001. The injured worker was diagnosed as having low back pain with left radicular symptoms, magnetic resonance imaging revealing degenerative joint disease (DJD) and disc herniations at L4-5 and L5-S1, impinging on the left S1 nerve root, and electromyogram and nerve studies revealing S1 radiculopathy. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, home exercise program, and medications. Currently, the injured worker complains of severe back pain and spasms, with radiating pain down his left leg, with burning and numb sensation. Pain was rated 4 out of 10 at best with medications and 8 out of 10 without. He reported a 50% reduction in pain and 50% functional improvement with activities of daily living with the medications. Medications included Norco, Robaxin, Ambien CR, and Ibuprofen. It was documented that urine drug screens have been appropriate. Work status was not documented. The treatment plan included refill of medications. Subjective complaints and medications appeared consistent since at least 12-16-2014, at which time he was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,

Section(s): Opioids for chronic pain.

Decision rationale: The claimant was injured in 2001 with low back pain and left radicular symptoms. Magnetic resonance imaging revealing degenerative joint disease and disc herniations at L4-5 and L5-S1, impinging on the left S1 nerve root, and electromyogram and nerve studies confirmed an S1 radiculopathy. The injured worker still complains of severe back pain and spasms, with radiating pain down his left leg, with burning and numb sensation. He reported a 50% reduction in pain and 50% functional improvement with activities of daily living with the medications, but no specifics or measurements of the functional improvement are documented. Medication reduction is not noted. The work status is not clear. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Ibuprofen 800mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The claimant was injured in 2001 with low back pain and left radicular symptoms, magnetic resonance imaging revealing degenerative joint disease and disc herniations at L4-5 and L5-S1, impinging on the left S1 nerve root, and electromyogram and nerve studies confirming an S1 radiculopathy. Currently, the injured worker complains of severe back pain and spasms, with radiating pain down his left leg, with burning and numb sensation. He reported a 50% reduction in pain and 50% functional improvement with activities of daily living with the medications, but no specifics are documented. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Further, it is not clear why a prescription strength of Ibuprofen is essential, when equivalents are available over the counter. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.