

Case Number:	CM15-0160435		
Date Assigned:	10/08/2015	Date of Injury:	10/04/2002
Decision Date:	11/19/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained an industrial injury on 10-4-02. Current diagnoses or physician impression include post lumbar laminectomy syndrome, lumbar facet arthropathy, cervical spine strain. Notes dated 4-30-15 - 7-2-15 reveals the injured worker presented with complaints of low back pain that radiates down her bilateral extremities. She reports neck pain associated with headaches and pain that radiates down her right shoulder. Physical examinations dated 4-30-15 - 7-2-15 revealed an altered gait. There is "posterior cervical spine tenderness to palpation bilaterally with increased muscle rigidity", "palpable trigger points and tenderness throughout the cervical paraspinal muscles, upper trapezius and medial scapular regions". There are moderate spasms noted in the bilateral "thoracolumbar paravertebral" region. The lumbar spine reveals posterior lumbar musculature tenderness to palpation bilaterally with increased muscle rigidity. There are numerous palpable trigger points and tenderness with "taut bands throughout the lumbar paraspinal" muscles. The lumbar spine range of motion is decreased. Treatment to date has included lumbar anterior posterior interbody fusion (2006) and posterior fusion hardware removal (2009). Per note dated 7-2-15, a lumbar spinal cord stimulator implant (1-2015) resulted in "paresthesia coverage" and she has not used it since 4-2015. She also experiences positional sensations as well as pain at the implant site. She reports she is unable to sit for prolonged periods, lie on her back or right side due to the pain. Trigger point injections provide one week of relief, per note dated 7-2-15. She has engaged in a home exercise program, pain management, psychological evaluation, and physical therapy resulted in minimal pain reduction, no increase in functionality and an increase in pain

medication per note dated 3-6-15. Her medication regimen includes; Norco, Neurontin, Xanax, Bentyl, Ultracet, Trolendi, Lidoderm and medicinal marijuana. Diagnostic studies to date have included lumbar spine MRI (2009), electrodiagnostic studies (2008) and lumbar provocative discogram (2005, 2007). A request for authorization dated 7-2-15 for Anaprox DS 550 mg #60 and Ultracet 37.5-325 mg #60 is denied, per Utilization Review letter dated 7-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5-325mg BID #60: 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Ultracet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

Anaprox DS 550mg BID PRN #60: 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: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 7/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.