

Case Number:	CM15-0172853		
Date Assigned:	09/15/2015	Date of Injury:	08/18/2006
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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:

The injured worker is a 50 year old female, who sustained an industrial injury on 8-18-08. She reported low back pain. The injured worker was diagnosed as having adjustment disorder with anxiety, L5-S1 disc protrusion, thoracic or lumbosacral neuritis or radiculitis, myofascial pain syndrome, and lumbago. Treatment to date has included acupuncture, physical therapy, a functional restoration program, and medication. Physical examination findings on 7-14-15 included left sided antalgic gait, restricted lumbar range of motion, and straight leg raising test was positive on the left. On 7-14-15, pain was rated as 4 of 10 with medication and 9 of 10 without medication. The injured worker had been taking Ibuprofen, Prilosec, and using Butrans patches since at least April 2015. Currently, the injured worker complains of low back pain, right hip pain, and occasional left hip pain. On 7-14-15, the treating physician requested authorization for Motrin 600mg #90 with 2 refills, Butrans 10mcg patch 1 patch every 7 days with 2 refills, and Prilosec 20mg #30 with 2 refills. On 8-19-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #90 with 2 refills: 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): Anti-inflammatory medications.

Decision rationale: The 50 year old patient complains of moderate low back pain, right hip pain, and occasional left hip pain, as per progress report dated 07/14/15. The request is for MORTIN 600mg #90 WITH 2 REFILLS. The RFA for this case is dated 07/14/15, and the patient's date of injury is 08/18/06. Diagnoses, as per progress report dated 07/14/15, included adjustment disorder with anxiety, L5-S1 disc protrusion, thoracic or lumbosacral neuritis or radiculitis, myofascial pain syndrome, and lumbago. Medications included Prilosec, Ibuprofen and Butrans patch. The patient's work status has been documented as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section 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 pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Ibuprofen is first noted in progress report dated 02/23/15. While the patient has been taking the medication consistently since then, it is not clear when the NSAID was initiated. As per progress report dated 07/14/15, medications help reduce pain from 9/10 to 4/10. In the same report, the treater states the patient has "some benefit" with the Ibuprofen. The treater, however, does not document the impact of the medication on the patient's function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.

Butrans 10 mcg patch 1 patch every 7 days with 2 refills: Overturned

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 50 year old patient complains of moderate low back pain, right hip pain, and occasional left hip pain, as per progress report dated 07/14/15. The request is for BUTRANS 10 mcg 1 PATCH EVERY 7 DAYS WITH 2 REFILLS. The RFA for this case is dated 07/14/15, and the patient's date of injury is 08/18/06. Diagnoses, as per progress report dated 07/14/15, included adjustment disorder with anxiety, L5-S1 disc protrusion, thoracic or lumbosacral neuritis or radiculitis, myofascial pain syndrome, and lumbago. Medications included Prilosec, Ibuprofen and Butrans patch. The patient's work status has been documented as permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. In this case, a prescription for Butrans patch is first noted in progress report dated 02/23/15. While the patient has been using the patch consistently since then, it is not clear when the opioid was initiated. As per progress report dated 07/14/15, medications help reduce pain from 9/10 to 4/10. In the same report, the treater states that Butrans patch helps alleviate pain but the patient was without the medication for a month. The patient had "difficulties to perform her ADLs at home but she is limited for any activities. Mostly sedentary." As per the same report, the patient has 50-60% pain relief with the patch without any side effects and abuse. The patient has more frequent flare-ups when the medication is denied. With medication, the patient can walk for 45 minutes; do dishes, dusting, laundry, light pick up, and cooking on meds; and can tolerate sitting for about 10 minutes. Without medications, the patient cannot do any dishes, dusting, laundry, light pick up, and cooking, and can tolerate sitting for less time. While no UDS and CURES reports are available for review, Butrans patch does appear to reduce pain and improve function. Given the efficacy, the medication IS medically necessary.

Prilosec 20mg #30 with 2 refills: 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, GI symptoms & cardiovascular risk.

Decision rationale: The 50 year old patient complains of moderate low back pain, right hip pain, and occasional left hip pain, as per progress report dated 07/14/15. The request is for PRILOSEC 20mg #30 WITH 2 REFILS. The RFA for this case is dated 07/14/15, and the patient's date of injury is 08/18/06. Diagnoses, as per progress report dated 07/14/15, included adjustment disorder with anxiety, L5-S1 disc protrusion, thoracic or lumbosacral neuritis or radiculitis, myofascial pain syndrome, and lumbago. Medications included Prilosec, Ibuprofen and Butrans patch. The patient's work status has been documented as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section and Chronic Pain Medical Treatment Guidelines 2009 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."

"Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec is first noted in progress report dated 02/23/15. While the patient has been taking the medication consistently since then, it is not clear when it was initiated. As per progress report dated 07/14/15, Prilosec is used along with Ibuprofen for "GI prophylaxis." Prophylactic use of PPI is indicated by MTUS. However, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of peptic ulcers. Additionally, the patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of relevant documentation, the request IS NOT medically necessary.