

Case Number:	CM15-0176314		
Date Assigned:	09/17/2015	Date of Injury:	01/29/2008
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This injured worker is a 42 year old male who reported an industrial injury on 1-29-2008. His diagnoses, and or impressions, were noted to include: low back strain and pain; sub-acute moderate-severe lumbosacral sprain-strain; lumbosacral disc bulge with radicular symptoms into the left lower extremity; and myalgia and myositis. No current imaging studies were noted. His treatments were noted to include: a qualified medical re-evaluation on 8-15-2013; physical therapy; a home exercise program; chiropractic evaluation and treatment; [REDACTED]; medication management; and light duty work before not working. The [REDACTED] notes of 7-23-2015 reported a return for follow-up visit, after his initial multi-disciplinary evaluation over 1 year prior, for continued pain, ongoing restrictions in his movement of the lumbar spine; that he was working part-time in a job congenial to his injury which paid him less; that he was still motivated to rehabilitate and return to his regular employment; and that functional restoration was likely to be the best approach for him. Objective findings were noted to include stable vital signs and a pain index of 4. The physician's requests for authorization were noted to include: a HELP Interdisciplinary Pain Rehabilitation Program Evaluation to determine the next steps in his case; a refill of Ibuprofen 800 mg, 1 tablet "TID QS" for 90 days, with 3 refills; and a request for Tramadol 30 mg, by mouth twice a day, #60. The history notes the use of Motrin dating back to the date of injury. The Request for Authorization following the 7-23-2015 visit, for these requests, was not noted in the medical records provided. The Utilization Review of 8-19-2015 modified a prescription for Tramadol 30 mg #60, to 50 mg #60, Ibuprofen 800 mg with 3 refills, to #90 with 3 refills, and Tramadol 30

mg #60, to 50 mg #60; and non-certified the request for a one-time HELP (Health Education for Living with Pain Program) evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Time HELP Evaluation: 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): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references].

Decision rationale: Key points for this review are: this claimant was injured in 2008 with a moderate-severe lumbosacral sprain-strain; lumbosacral disc bulge with radicular symptoms into the left lower extremity; and myalgia and myositis. His treatments have been a qualified medical re-evaluation on 8-15-2013; physical therapy; a home exercise program; chiropractic evaluation and treatment; a HELP evaluation on 4-4-2013; medication management; and light duty work. The HELP Office Visit to Establish Patient notes from July reported the claimant returned for a return for follow-up visit, after his initial multi-disciplinary evaluation over 1 year prior and still had for continued pain. There were modifications in UR to Ibuprofen 800 mg with 3 refills, to #90 with 3 refills, and the need for a repeat HELP evaluation had not been certified. The claimant was injured many years ago. The MTUS notes that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. A previous HELP assessment has already been done, and it is not clear what is driving the need for another or what clinical actions were taken out of the previous one. No objective functional benefit out of the previous HELP assessment is noted. The need for another assessment is not medically necessary.

Ibuprofen 800mg with 3 refills, unspecified quantity: 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: As shared previously, this claimant was injured in 2008 with a moderate-severe lumbosacral sprain-strain; lumbosacral disc bulge with radicular symptoms into the left

lower extremity; and myalgia and myositis. His treatments have been a qualified medical re-evaluation on 8-15-2013; physical therapy; a home exercise program; chiropractic evaluation and treatment; a HELP evaluation on 4-4-2013; medication management; and light duty work. The HELP Office Visit to Establish Patient notes from July reported the claimant returned for a return for follow-up visit, after his initial multi-disciplinary evaluation over 1 year prior and still had for continued pain. There were modifications in UR to Ibuprofen 800 mg with 3 refills, to #90 with 3 refills, and the need for a repeat HELP evaluation had not been certified. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. Contrary to this guideline, 800 mg is a very high dose of Ibuprofen. 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 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. 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 not medically necessary.