MAXIMUS Federal Services

Case Number:	CM15-0178917		
Date Assigned:	09/21/2015	Date of Injury:	08/17/2009
Decision Date:	10/22/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an injury on 2-1-14 resulting in a lower back strain while assisting a patient from their lounge chair back into bed. She injured her back, hips and both legs. Treatment included chiropractic care, physical therapy, and medication. Diagnoses are chronic lumbar strain with probable lumbar discopathy with mild bilateral lower extremity sciatica. Diagnostic testing included MRI lumbar spine 4-9-15 that showed L5-S1 right lateral and foraminal disc protrusion with mild bilateral neural foraminal stenosis. X-rays lumbar spine 12-8-14 reveals disc narrowing at L5-S1. The initial office visit on 3-16-15 indicates she has low back pain that is constant with intermittent complaints of pain, numbness and tingling radiating down bilateral lower extremities. Medications listed are Ibuprofen 800 mg as needed. Physical examination reveals she has normal lumbar lordosis, normal range of motion; spasm and guarding at the base of the lumbar spine; straight leg raise caused pain. The pain management report on 4-17-15 indicates she has been using Ibuprofen 800 mg as needed for pain but states that sometimes this works and other times it doesn't. Work restrictions included no lifting above 10 pounds and no repetitive or prolonged bending at the lumbar spine. Nabumetone-Relafen 500 mg #90 was prescribed for pain at this visit. On 8-28-15 the report indicates a follow up for chronic low back pain and she has been approved for 6 additional physical therapy sessions for her low back. Her back pain has not improved with conservative treatment. She continues to take Ibuprofen for pain and inflammation and usually takes 600 mg tablets but will take 800 mg tablets 1 for pain that is more severe and is requesting refills for both at this visit. Objective findings lumbar spine range of motion is normal and can flex forward to 90 degrees and extend around 20 degrees; spasm and guarding at the base of the

lumbar spine. Current requested treatments are Ibuprofen 800 mg #60; Ibuprofen 600 mg #90. The treatment plan was to continue working with her physical therapist to improve lifting mechanics and strength; urine drug screen was negative and continue with Ibuprofen for pain and inflammation. Utilization review 9-9-15 requested treatments are denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: 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. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.