

Case Number:	CM15-0053533		
Date Assigned:	03/27/2015	Date of Injury:	05/11/2006
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: Ohio, North Carolina, Virginia
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 50 year old female, who sustained an industrial injury on May 11, 2006. The injured worker had reported a low back injury related to a fall. The diagnoses have included Cauda Equina Syndrome, lumbosacral neuritis, post-laminectomy syndrome and coccyx fracture. Treatment to date has included medications, radiological studies, physical therapy, a transcutaneous electrical nerve stimulation unit, epidural steroid injections, facet joint injection and multiple spine surgeries. Current documentation dated January 14, 2015 notes that the injured worker reported decreased pain in the lumbar spine and right leg and foot. The injured worker continued to have unchanged pain in the left hip, leg and foot rated at a five out of ten on the visual analogue scale. She also reported decreased pain in the right foot and unchanged pain in the right hip. Physical examination of the lumbar spine revealed tenderness to palpation, spasms and a decreased range of motion. Left lower extremity examination revealed decreased sensation, decreased range of motion and atrophy. Right lower extremity examination revealed decreased strength and a limited range of motion. The treating physician's plan of care included a request for the medications Ibuprofen, Tramadol and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Osteoarthritis (including knee and hip): NSAIDS like Ibuprofen are 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 this instance, the injured worker is known to have lumbar facet disease, a form of osteoarthritis. Ibuprofen was initiated for her on 1-14-2015. The utilization reviewer did not certify a recent request for Ibuprofen 800 mg on the basis that additional functional improvement has not been demonstrated. However, the guidelines do not specifically require demonstrated functional improvement when it comes to NSAIDs like Ibuprofen, merely, that they be used in the lowest doses for the shortest time period possible. This injured worker has already returned to the work force full time. Hence, the decision to continue the Ibuprofen is essentially a judgment call for the physician. Therefore, Ibuprofen 800 mg #30 with 3 refills is medically necessary.

Tramadol 50 mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Questions regarding opioids should include least pain, worst pain, average pain levels, duration of analgesia, and time to onset of analgesia. In this instance, the injured worker reports a 60% pain benefit from Duragesic and has returned to the work force. She has been alternatively prescribed tramadol and Norco during the day as well, presumably for breakthrough pain. She seems to require Norco when her pain is worse and tramadol otherwise, but she appears to be taking short acting opioids on a daily basis. The submitted medical record does not reflect any incremental pain or functional improvement with the addition of tramadol. Therefore, the medical necessity for Tramadol 50 mg #120 with 3 refills is not medically necessary.

Zofran 8 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter Anti-emetics section.

Decision rationale: Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this instance, Zofran was prescribed for the injured worker on 1-14-2014 and Compazine was discontinued. The rationale for the use of anti-emetic medication generally and Zofran specifically could not be found within the submitted medical record. It is presumed that the Zofran has been prescribed for opioid induced nausea for which it is not recommended. Therefore the request is not medically necessary.