

<b>Case Number:</b>	CM13-0000909		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old male auto body man sustained an industrial injury on 8/1/11 when a truck that was on a frame machine lunged and came off the machine. The injured was struck on the left lower leg by a chain and thrown onto his back. The 6/12/13 treating physician report cited subjective complaints of constant severe low back pain radiating to his buttocks, lateral thighs and calves, associated with numbness and tingling. He also complained of constant severe neck pain radiating to his upper back and shoulders bilaterally, associated with numbness and tingling in both arms and hands. Lumbar physical exam findings documented slow and guarded gait, slow movement rising from seated to standing, marked painful loss of range of motion, intact lower extremity motor function, and decreased lateral calf sensation bilaterally. Cervical exam findings noted decreased and painful range of motion, intact upper extremity motor function, and decreased light touch sensation in the dorsal forearms and hands bilaterally. Conservative treatment had included physical therapy, acupuncture, one lumbar epidural steroid injection, activity restrictions, and medications, with continued symptoms. Authorization was requested for decompression and fusion L3/4 and L4/5 using a lateral/posterior approach. The patient was given refill prescriptions for Ultracet and Mobic. Records indicate that these medications had been prescribed since 11/28/12 with no specific documentation of patient response to medication. The patient's condition was reported as static or worsening in the progress reports between 11/28/12 and 7/10/13. Urine drug testing performed on 2/20/13 and 7/10/13 was negative for any tested medications, including opiates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOBIC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Opioid management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

**Decision rationale:** Under consideration is a request for Mobic. The California MTUS guidelines support the use of Mobic (meloxicam), a non-steroidal anti-inflammatory drug (NSAID) for the relief of signs and symptoms of osteoarthritis, acute exacerbations of chronic back pain, and for short term symptomatic relief of chronic low back pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have not been met. This medication has been prescribed since 11/28/12 with no specific documentation of any subjective, functional, or quality of life improvement associated with use. Pain levels have significantly increased and there is no indication that function has improved. The continued long-term use of this medication is not consistent with guideline recommendations for short duration use. Therefore, this request for Mobic is not medically necessary.

**ULTRACET:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** Under consideration is a request for Ultracet. The California MTUS indicates that Ultracet (tramadol and acetaminophen) is recommended for moderate to severe pain. If used on a long-term basis, the criteria for use of opioids should be followed. Guidelines recommend discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances. Guidelines also recommend on-going review of and documentation of pain relief, functional status, appropriate medication use, and side effects. Guideline criteria have not been met. There is no documentation of subjective, functional, or quality of life benefit associated with the use of Ultracet. The monitoring of urine drug screens indicated that the patient was not using this medication. Poor pain control is evidenced in the records with no documentation that the negative urine drug test findings relative to prescribed medications was addressed. Request for Ultracet is not medically necessary.