

Case Number:	CM13-0036174		
Date Assigned:	03/19/2014	Date of Injury:	09/13/1999
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, 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:

The patient is a 55-year-old female who reported an injury on 09/13/1999. The mechanism of injury was not reported. The patient was noted to be taking the medications of Mobic, Lunesta and opiates since 03/2013. The documentation of 09/26/2013 indicated that the patient had low back pain that was relatively unchanged; however, it was indicated that the radiation to the bilateral lower extremities was increased and associated with walking and was keeping the patient up at night. The patient's diagnoses included postsurgical lumbar spine and lumbar radiculopathy. The request was made for a refill of the current medications, including Lyrica, Mobic, Lunesta, Prilosec, Norco and MS Contin and a urinary drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBIC 7.5 MG BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. There should be documentation of

objective functional improvement and an objective decrease in the VAS score. There was a lack of documentation of the patient's objective functional benefit as well as an objective decrease in pain. Given the above, the request for Mobic 7.5 mg twice a day #60 is medically denied by physician advisor is not medically necessary.

NORCO 5-325MG BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient had been taking the medication in March of 2013. There was evidence that the patient was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating that the patient had an objective improvement in function and an objective decrease in the VAS score. Given the above, the request for Norco 5/325 mg twice a day #60 is medically denied by physician advisor is not medically necessary.

LUNESTA 2 MG Q HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for long-term use. The patient had been taking the medication since 03/2013 and per documentation was taking Tylenol PM as well. There was a lack of documentation of the efficacy of the requested medication. There was a lack of documented rationale for continued use of the medication. Given the above, the request for Lunesta 2 mg at bedtime #30 is medically denied by physician advisor is not medically necessary.

MS CONTIN 15 MG Q AM #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient was taking opiates since 03/2013. There was evidence that the patient was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating that the patient had an objective improvement in function and an objective decrease in the VAS score. Given the above, the request for MS Contin 15 mg every AM #30 is medically denied by physician advisor is not medically necessary.