

<b>Case Number:</b>	CM13-0042299		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/12/2002
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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 51-year-old female who reported a work related injury on 06/12/2002, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: low back pain, history of L5-S1 spinal fusion with chronic pain and left lower extremity symptoms, anxiety and depression; nonindustrial problems to include obesity, diabetes, hypertension, urinary dysynergy symptoms, and rheumatoid arthritis. The clinical note dated 10/10/2013 reports the patient was seen under the care of [REDACTED], Chiropractor. The provider documented the patient utilizes 1 to 5 Norco per day, depending on severity of pain symptoms. The patient reports 50% functional improvement with utilization of medications versus no medications. The provider documented the patient utilizes Mobic for inflammation as well as pain. The provider reported, upon physical exam of the patient, limited range of motion was noted as the patient could forward flex to her thighs at 30 degrees, extend to 10 degrees, bilateral straight leg raise was noted, altered sensation of the left lateral calf and thigh were noted, and deep tendon reflexes were +1 at the knees. The provider refilled the patient's medication regimen to include 10/325 Norco #150 tabs, Mobic 15 mg #30 tabs, and Zoloft 100 mg #30 tabs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150:** 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 Page(s): 78.

**Decision rationale:** The current request is not supported. The provider documented the patient utilizes 1 to 5 tabs by mouth daily; however, quantifiable evidence of objective functional improvements with chronic utilization of this medication, status post the patient's injury of over 12 years, was not evidenced in the clinical notes reviewed. Additionally, the clinical notes did not indicate the patient had sought active treatment modalities for the chronic pain complaints other than a medication regimen recently. California MTUS states, "Norco is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given the above, the request for Norco 10/325 mg #150 is not medically necessary or appropriate.

**Mobic 15mg, #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 Page(s): 72.

**Decision rationale:** The current request is not supported. The provider documented the patient utilizes 1 tab by mouth daily; however, quantifiable evidence of objective functional improvement with chronic utilization of this medication status post the patient's injury of over 12 years was not evidenced in the clinical notes reviewed. Additionally, the clinical notes did not indicate the patient had sought active treatment modalities for the chronic pain complaints other than a medication regimen recently. California MTUS indicates Mobic is utilized for osteoarthritis complaints. Given the above, the request for Mobic 15 mg #30 is not medically necessary or appropriate.