

Case Number:	CM14-0116534		
Date Assigned:	08/04/2014	Date of Injury:	08/18/2003
Decision Date:	09/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 & 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 injured worker is a 52-year-old male who reported an injury on 08/18/2003. His diagnosis was reported to be carpal tunnel syndrome of the left wrist and degenerative joint disease of the left thumb. Prior treatments are noted to be medications. The injured worker had a clinical evaluation 06/03/2014. He complained of increasing stiffness, swelling and pain in the bilateral thumbs and hands. The objective findings were limited motion of the bilateral thumbs; marked pain and tenderness, CMC joint bilateral thumbs; prominence due to partially subluxed metacarpal; slightly decreased grip strength; numbness in the median distribution. The treatment plan is for hydrocodone and Mobic. The rationale for the request was noted within the clinical evaluation. The request for authorization was included with this material and was dated 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 mg #30, Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (meloxicam) - NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAID Page(s): 71-73.

Decision rationale: The request for Mobic 15 mg #30, Refills x3 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state Mobic is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. The request for 15 mg is excessive according to the guidelines, and duration should be a short period. It is not known how long the injured worker has been using Mobic. However, the guidelines recommend short term therapy and a low dose. In addition, the providers request fails to indicate a dose frequency. Therefore, the request for Mobic 15 mg #30, Refills x3 is not medically necessary.

Norco 10/325 mg #60, Refills x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60, Refills x1 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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). The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. Documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation presented for review dated 06/03/2014 fails to provide an adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of life. In addition the request does not have a dosage frequency. As such, the request Norco 10/325 mg #60, Refills x1 is not medically necessary.