

Case Number:	CM14-0028989		
Date Assigned:	06/16/2014	Date of Injury:	01/25/1993
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 55-year-old female with a date of injury on 1/25/1993. Review of the medical records indicate that the patient undergoing treatment for low back pain with radiculopathy into bilateral lower extremities, temporomandibular joint disorder, fibromyalgia, failed back syndrome, and chronic pain. Subjective complaints include 6-7/10 pain scale with medications. Objective findings include bilateral temporomandibular joint tenderness, decreased lumbar range of motion, tenderness over L4-5 paraspinal muscles, and 18 of 18-point tenderness for fibromyalgia. Medications have included Percocet 10/325, MS Contin 30mg, and Mobic 15mg. A utilization review dated 2/25/2014 partially certified the request for Percocet 10/325#45 (original request for #180) and noncertified the request for Mobic 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". Medical records indicate that the overall pain level has increased over the last several months and there is lack of documentation of 'overall improvement in function', which are indications of when an opioid should be discontinued. As such, the request for PERCOCET 10/325MG #180 is not medically necessary.

MOBIC 15MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs Page(s): 61, 67-68.

Decision rationale: MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs." MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain- Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, and Neuropathic pain. Regarding "Osteoarthritis (including knee and hip)", medical records do not indicate that the patient is being treated for osteoarthritis, which is the main indication for meloxicam. Regarding "Back Pain- Acute exacerbations of chronic pain", MTUS recommends as a second-line treatment after acetaminophen. Medical records do not indicate that the patient has 'failed' a trial of tylenol alone. Regarding "Back Pain - Chronic low back pain", MTUS states, "Recommended as an option for short-term symptomatic relief". The medical records indicate that the patient has been prescribed meloxicam since at least 2012, which would be considered longer than 'short-term'. Regarding "Neuropathic pain", MTUS writes "There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". Medical records do not indicate that the patient is being treated for osteoarthritis. As such, the request for MOBIC 15MG #30 is not medically necessary at this time.