

Case Number:	CM14-0036838		
Date Assigned:	06/25/2014	Date of Injury:	08/06/2002
Decision Date:	12/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 61-year-old male with complaints of bilateral low back pain. The date of injury is 08/06/02 and the mechanism of injury was not documented. At the time of request for Meloxicam 15mg, Hydrocodone 10mg with Acetaminophen 325mg, and Cyclobenzaprine 10mg, there is subjective (problem of bilateral low back pain which is worsening with treatment; low back pain flare-up with following yard work on 01/03/14; radiating pain through right L5 distribution to both lower extremity. Pain is burning and sharp and rated at 10/10 at present, average being 6/10. Pain is worse when weather is cold. The pain is aggravated with prolonged sitting, standing and weather change, and alleviated by exercise, heat, medication, stretching, and with ESI.), objective (antalgic gait favoring left; ROM LS WNL except for limited flexion at 40 with pain, limited extension at 10 without pain; and tenderness over the paraspinal muscles overlying the facet joints and SI joints), surgery (L4-5 discectomy and fusion in 2005), current medications (Cyclobenzaprine 10mg, hydrocodone 10mg-acetaminophen 325mg, Meloxicam 15mg, Mirtazapine 15mg, and Voltaren 1%. Flexiril with 50% decrease in pain, Norco 10/325 with 50% increase in pain, and mirtazapine 15 mg for sleep related sleep disorder), diagnoses (Degeneration of intervertebral disc, Lumbar post-laminectomy syndrome, Psychalgia, Depressive disorder, and Anxiety state.), and treatment to date (He had recent TPI x4 to the bilateral lower lumbar PSP with 5 day relief, stretching exercise, and home exercise program). The request for Meloxicam 15mg was denied on 03/14/14, Hydrocodone 10mg - Acetaminophen 325mg was partially approved on 06/30/14 and Cyclobenzaprine 10mg was partially approved on 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg; Qty: 30 D/S Refills: 1 Denied by Physician Advisor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs Page(s): 61, 67-73.

Decision rationale: Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs. According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with its use. Also, there is no documentation of failure of first line therapy such as ibuprofen and/or naproxen. Therefore, the medical necessity of Meloxicam 15mg; Qty: 30 D/S Refills has not been established.

Hydrocodone 10mg - Acetaminophen 325mg Qty: 180, D/S" 30. Refo;;s: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74-84.

Decision rationale: Hydrocodone + Acetaminophen is indicated for moderate to severe pain. It is classified as short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four 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)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. As there is mention of improved functioning and pain relief, +documentation of surveillance such as urine drug testing, medication contract, etc. Therefore, the request for Hydrocodone 10mg - Acetaminophen 325mg Qty: 180 is medically necessary/appropriate.

Cyclobenzaprine 10mg Qty,D/S: 30 Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Cyclobenzaprine(Flexeril)- for chronic pain Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril/muscle relaxants Page(s): 41-42, 63-64.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do document the presence of substantial spasm to warrant antispasmodic therapy. In this case, Chronic use of this medication is not recommended and there is no established limited duration of treatment by the requesting physician (the requested amount does not support limited duration treatment). Therefore, the medical necessity of the request for Cyclobenzaprine 10mg Qty,D/S: 30 Refills is not established per guidelines.