MAXIMUS Federal Services

| Case Number: | CM14-0217872 | | |
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| Date Assigned: | 01/07/2015 | Date of Injury: | 09/03/1991 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/18/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 69 year-old female with a date of injury of 09/03/1991. The results of the injury include left knee pain, lumbar spine pain, and left buttock pain. Diagnoses have included left knee pain; degenerative joint disease of the knee; and sacroiliitis. Diagnostic studies were not submitted for review. Treatments have included medications, SI joint injection, and surgical intervention. Medications have included Norco, Mobic, Zipsor, and Lidoderm patches. Surgical interventions have included a laminectomy, date unlisted. A progress note from the treating physician, dated 11/20/2014, documents a follow-up evaluation of the injured worker. The injured worker reported left knee pain and left buttock pain; the pain level has remained the same since last visit; and medications are being taken as prescribed. Objective findings included antalgic gait (globally); lumbar spine range of motion is restricted with flexion limited to 50 degrees; spasm, tenderness, tight muscle band, and trigger points are noted upon examination of paravertebral muscles; spinous process tenderness noted on both sides at L4 and L5; facet loading: positive and FABER test is positive; hip FABER test is positive; tenderness to palpation over tailbone and left SI joint; and 2+ effusion in the left knee joint. Work status is listed as permanent and stationary. Treatment plan was documented to include medications: Mobic 15 mg daily as needed, and decrease Norco 10-325 mg to max 4/day; and follow-up evaluation in four weeks.Request is being made for a prescription for Mobic 15 mg #28, supply 28 days and a prescription for Norco 10/325 mg #112, supply 28 days.On 12/18/2014, Utilization Review non-certified a prescription for Mobic 15 mg #28, supply 28 days. Utilization Review non-certified a prescription for Mobic 15 mg #28,

supply 28 days based on the lack of medical report/clinical information accompanying the request. The Utilization Review cited the CA MTUS, 2009: Chronic Pain Medical Treatment Guidelines, Meloxicam (Mobic). Utilization Review non-certified a prescription for Norco 10/325 mg #112, supply 28 days. Utilization Review non-certified a prescription for Norco 10/325 mg #112, supply 28 days based on the lack of medical report/clinical information accompanying the request. The Utilization Review cited the CA MTUS, 2009: Chronic Pain Medical Treatment Guidelines, Short-Acting Opioids: Norco, and On-Going Management. Application for independent medical review was made on 12/29/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**mobic 15mg #28 supply 28 days:** Overturned

**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 NSAID Page(s): 67-69.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states:Recommended at the lowest dose for the shortest periodin patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)Meloxicam (Mobic, generic available): 7.5, 15 mg. Dosing: Osteoarthritis: The usual initialdose is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. Use for mild to moderate pain is off-label. (Mobic Package Insert)This medication is recommended for the shortest period of time and at the lowest dose possible. The California MTUS does not however define how long “the shortest period of time.”. The dosing of this medication is within recommendations per the California MTUS. For these reasons criteria set forth for the use of the medication have been met and therefore the request is certified.

**Norco 10/325mg #112 supply 28 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines short acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management:On-Going Management. Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from asingle pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensityof pain after taking the opioid; how long it takes for pain relief; and how long pain relieflasts. Satisfactory response to treatment may be indicated by the patient's decreased pain,increased level of function, or improved quality of life. Information from family membersor other caregivers should be considered in determining the patient's response totreatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as mostrelevant for ongoing monitoring of chronic pain patients on opioids: pain relief, sideeffects, physical and psychosocial functioning, and the occurrence of any potentiallyaberrant (or nonadherent) drug-related behaviors. These domains have been summarizedas 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 therapeuticdecisions and provide a framework for documentation of the clinical use of thesecontrolled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested tokeep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dosepain. It should be emphasized that using this diary will help in tailoring the opioid dose.This should not be a requirement for pain management.(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poorpain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drugescalation, drug diversion).(g) Continuing review of overall situation with regard to nonopioid means of paincontrol.(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioidsare required beyond what is usually required for the condition or pain does not improveon opioids in 3 months. Consider a psych consult if there is evidence of depression,anxiety or irritability. Consider an addiction medicine consult if there is evidence ofsubstance misuse.When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)
The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improve ment in function. There is no documentation of subjective improvement in pain such as VAS scores. There is also no objective measure of improvement in function. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore, the request is not certified.