

Case Number:	CM15-0004662		
Date Assigned:	01/15/2015	Date of Injury:	04/24/2014
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 sustained a work related injury April 24, 2014. While working as a groundskeeper and riding on a mower, he developed an onset of pain in his upper and lower back. He was treated with physical therapy and as the employer does not allow modified duty, was placed on temporary total disability. Past medical history includes; coronary artery disease with stent x 2, myocardial infarction, hypertension, and hypercholesterolemia. There was surgery to the right knee, not specified. An initial orthopedic consultation performed June 19, 2014, documents diagnoses of multilevel lumbosacral degenerative disc disease; disc protrusion at L5-S1 with no evidence of nerve root compromise; and superimposed lumbosacral sprain/strain. On December 1, 2014, the injured worker presented to the treating physician with complaints of neck pain and stiffness, and low back pain with radiation to the left side to the level of the buttock and behind the thigh. There is also some tingling in his hands and feet. A permanent and stationary report was made documented the future need for anti-inflammatory medications, physical therapy and acupuncture chiropractic treatments as necessary. Work status was documented as permanent and stationary. A diagnosis is documented as chronic low back pain with sciatica, according to a progress report dated October 6, 2014. According to utilization review dated December 10, 2014, the request for Hydroco/APAP 5/300mg #60 is non-certified. The request for Meloxicam 15mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 5-300mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The medical records document a history of lumbosacral sprain and strain, lumbosacral degenerative disc disease, L5-S1 disc protrusion, and neck pain. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Per MTUS, Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The request for Hydrocodone/APAP 5/300 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Hydrocodone/APAP 5/300 mg #60 is medically necessary.

Meloxicam 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document a history of cardiac stent placement. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or

worsening of pre-existing hypertension. Given the patient's cardiac history, the use of the NSAID Meloxicam is not supported by MTUS guidelines. Therefore, the request for Meloxicam is not medically necessary.