

Case Number:	CM15-0102338		
Date Assigned:	06/04/2015	Date of Injury:	07/05/2011
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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:

The injured worker is a 53-year-old male, who sustained an industrial injury on July 5, 2011. The injured worker was diagnosed as having lumbar disc herniation and facet arthropathy, chronic back pain and cervical disc protrusion. Treatment to date has included electromyogram, magnetic resonance imaging (MRI) studies and medication. A progress note dated April 14, 2015 provides the injured worker complains of neck and back pain. He reports Celebrex is not adequate for his pain. He reports anxiety and lack of sleep due to pain. Physical exam notes significant tenderness on palpation of the cervical, thoracic and lumbar spine. He ambulates slowly with the use of a cane. The plan includes Mobic, Zolof and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 67, 67 and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: This patient receives treatment for chronic pain involving the neck and lower back. This relates back to an industrial injury dated 07/05/2011. The patient's medical diagnoses include cervical disc disease and lumbar disc disease with facet joint degenerative disease. This review addresses a request for Mobic (meloxicam) 7.5 mg 1 BID with a refill. Meloxicam is an NSAID. NSAIDs are recommended as one of the treatment options for acute exacerbations and the short-term management of neck and low back pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. The documentation does not mention monitoring of these side effects. Ongoing use of Mobic is not medically indicated.

Norco 10/325mg #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the neck and lower back. This relates back to an industrial injury dated 07/05/2011. The patient's medical diagnoses include cervical disc disease and lumbar disc disease with facet joint degenerative disease. This review addresses a request for Norco 10/325 mg 1 po BID. Norco contains hydrocodone, an opioid. This patient receives treatment for chronic neck and back pain. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically indicated.