

Case Number:	CM15-0136509		
Date Assigned:	07/24/2015	Date of Injury:	07/12/2007
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, New York
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 47-year-old female who sustained an industrial injury on 07/12/07. Initial complaints and diagnoses are not available. Treatments to date include 2 back surgeries, right shoulder surgery, medications, physical therapy, acupuncture, and a lumbar epidural steroid injection. Diagnostic studies include MRIs of the right shoulder and lumbar spine, and an electro diagnostic study of the lower extremities. Current complaints include left leg and low back pain. Current diagnoses include lumbosacral disc desiccation, and right partial thickness supraspinatus tendon tear. In a progress note dated 05/04/15, the treating provider reports the plan of care as physical therapy. The progress note is incomplete for this date. The requested treatments include Norco and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are L4 - L5 TLIF and revision decompression; status post left L4 - L5 discectomy; L5 - S1 disc desiccation; and right partial thickness supraspinatus tendon tear. The date of injury is July 12, 2007. Request for authorization is June 24, 2015. According to a QME dated December 17, 2014, the injured worker was prescribed hydrocodone, tizanidine, omeprazole and Docusate. According to progress note dated May 4, 2015, subjectively the injured worker complains of left leg pain and back pain with difficulty ambulating. Objectively, there was decreased range of motion and spasm present. There is no list of current medications in the progress note. There is no start date for Mobic. There is no documentation in the medical record indicating Mobic. There is no clinical indication or rationale for Mobic. There are no details pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation-demonstrating objective optional improvement support ongoing Norco 10/325mg. Consequently, absent clinical documentation with a current list of medications, documentation demonstrating objective functional improvement, detailed pain assessments and risk assessments and attempted weaning, Norco 10/325mg # 120 is not medically necessary.

Mobic 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 7.5mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's

working diagnoses are L4 - L5 TLIF and revision decompression; status post left L4 - L5 discectomy; L5 - S1 disc desiccation; and right partial thickness supraspinatus tendon tear. The date of injury is July 12, 2007. Request for authorization is June 24, 2015. According to a QME dated December 17, 2014, the injured worker was prescribed hydrocodone, tizanidine, Omeprazole and Docusate. According to progress note dated May 4, 2015, subjectively the injured worker complains of left leg pain and back pain with difficulty ambulating. Objectively, there was decreased range of motion and spasm present. There is no list of current medications in the progress note. There is no start date for Mobic. There is no documentation in the medical record indicating Mobic. There is no clinical indication or rationale for Mobic. Consequently, absent clinical documentation with a clinical indication and rationale for Mobic, a current list of medications in the May 4, 2015 progress note, a start date for Mobic, documentation demonstrating objective functional improvement, and attempted tapering, Mobic 7.5mg #30 is not medically necessary.