MAXIMUS Federal Services

Case Number:	CM15-0167825		
Date Assigned:	09/08/2015	Date of Injury:	11/15/2002
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

This injured worker is a 66 year old male, with a date of injury of 11-15-2002. Diagnoses include history of lumbar degenerative joint disease. Treatment to date has included conservative measures including chiropractic care, medications and home exercises. Per the Primary Treating Physician's Progress Report (PR-2) dated 7-01-2015, the injured worker reported a flare-up of back pain with radiation to the right hip and leg with associated numbness and a burning sensation in the leg. He cannot function without pain medication. Current medications include Norco, Nexium, Voltaren gel and Mobic. Objective findings included palpable spasm in the lumbar trunk. He can flex 20 degrees and extend 5 degrees. Right and left straight leg raise are both positive at 80 degrees causing right sided back pain that radiates to the right buttock and posterior thigh. The plan of care included medications and authorization was requested for Norco 10-325mg #120, Nexium 40mg #30, and Mobic 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids 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 any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Per progress report dated 7/22/15, it is noted that the injured worker rated his pain 8/10, at best 4/10 with his medications, and a 10/10 without them. He reported 50% reduction in his pain and functional improvement with activities of daily living with the medications versus not taking them at all. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted per progress reports that urine drug screens have been appropriate, however, no UDS reports were available for review. CURES report was not available. I respectfully disagree with the UR physician's assertion that the documentation did not support ongoing opiate therapy. The request is medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: With regard to NSAIDs the MTUS CPMTG states: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) 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. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." With regard to medication history, the medical records indicate that the injured worker has used this medication since at least 6/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.