

Case Number:	CM15-0184143		
Date Assigned:	09/24/2015	Date of Injury:	01/13/2009
Decision Date:	11/24/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 60 year old male, who sustained an industrial injury on 1-13-09. He reported low back pain with spasm and radiation to the leg. The injured worker was diagnosed as having lumbar sprain or strain. Treatment to date has included lumbar laminectomy, facetectomy, and spinal fusion on 3-22-10, epidural steroid injections, physical therapy, and medication. The injured worker had been taking Meloxicam, Norco, and Nucynta ER since at least 2012. Physical examination findings on 3-11-15 included a negative straight leg raise and 1+ Achilles reflexes. The injured worker's gait was noted to be slowed and antalgic. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Meloxicam 15mg, Nucynta ER 250mg #60, Norco 10-325mg #60, and Colace 100mg #90 with 2 refills. On 9-3-15, the requests were non-certified. Regarding Meloxicam, the utilization review (UR) physician noted "there is no indication that Meloxicam is providing any specific analgesic benefits and any objective functional improvement." Regarding Nucynta and Norco, the UR physician noted "a peer review report dated 5-15-15 indicates that Norco 10-325mg one to two tablets #60 and Nucynta ER 250mg every 12 hours #60 were certified to allow an opportunity to submit documentation of objective functional improvement with prior use of this medication, a consistent urine drug screen, pain contract, risk assessment profile, and attempts at weaning and tapering. Most recent documentation and evaluation have failed to comply and submit the aforementioned evidence." Regarding Colace, the UR physician noted "with the requested opioid medication being denied, the medical necessity is not supported."

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg every day: 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), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "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." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Meloxicam prescription has not been established; the request is not medically necessary.

Nucynta ER 250mg every 12 hours #60: 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Nucynta, for this patient. The clinical records submitted do not support functional improvement as required. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Therefore, based on the submitted medical documentation, the request for Nucynta is not medically necessary.

Norco 10/325mg 1-2 every day as needed for breakthrough pain #60: 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that there was functional improvement on this medication as required. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

Colace 100mg 3 times a day #90 with 2 refills: 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): Weaning of Medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of diagnoses of chronic constipation secondary to opiate use. Since the patient's requested opiates are not authorized, continued use of the medication is not indicated. Therefore, based on the submitted medical documentation, the request for colace is not medically necessary.