

Case Number:	CM15-0187381		
Date Assigned:	09/29/2015	Date of Injury:	04/18/2009
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, 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 45 year old female injured worker suffered an industrial injury on 4-18-2009. The diagnoses included non-allopathic lesion of the cervical spine, myalgia and myositis, non-allopathic lesion of the thoracic spine. On 7-17-2015 the symptoms were described as spasms, tightness and tingling rated 8 out of 10. The injured worker reported the pain medications were not helping as much as they used to. She reported she had a radiofrequency ablation that lasted only 1 month and reported severe upper back and shoulder pain as well as neck and head pain. On 8-20-2015 the treating provider reported neck pain rated 4 out of 10. The radiating pain down the right arm improved since cervical spine ablation. There was upper back pain that mildly increased rated 5 to 6 out of 10. On exam there was hypomobility in the cervical thoracic spine with cervical tenderness and upper back tenderness. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment with urine drug screen results or opiate contract on file. Prior treatment included chiropractic therapy. Diagnostics included urine drug screen 7-17-2015 with unknown results. The Utilization Review on 9-4-2015 determined non-certification for Mobic 15mg #30, Norco 10/325mg #60 and Duexis 800mgs 26.6mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was no reason for combining multiple NSAIDs. Continued use of Naproxen is not medically necessary.

Norco 10/325mg #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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain for several months in combination with NSAIDs. There was no mention opioid agreement. Pain reduction due to Norco cannot be determined. The continued use of Norco is not medically necessary.

Duexis 800mgs 26.6mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Duexis contains an NSAID and H2 blocker. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use

has renal and GI risks. Continued use of Naproxen is not medically necessary. H2 blockers are indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the claimant was also on Mobic (another NSAID). There is no indication for multiple NSAIDS and an opioid. The Duexis was not medically necessary.