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| Case Number: | CM15-0191623 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 08/16/2013 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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, North Carolina
 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 41 year old female, who sustained an industrial injury on 08-16-2013. She has reported injury to the low back. The diagnoses have included chronic back pain in the setting of a right L5-S1 discectomy and progressive degeneration and foraminal stenosis. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Flexeril, Mobic, and Baclofen. A progress report from the treating provider, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported that she does still want to pursue surgery, particularly since her symptoms have progressed; she has pain that starts in her lower back and goes down her right leg; she is getting worsening cramps into her left leg; she had been on Norco, Flexeril, and Mobic on a regular basis; her Flexeril has been denied; and she has a hard time walking, sitting, bending, and even sleeping. Objective findings included forward flexion and sitting straight leg raising, as well as heel walking reproduces the pain shooting into her lower back, left buttock and leg, with weakness in her left dorsiflexion, great toe and lesser degree actually on the right side where the ankle deep tendon reflex is absent, but still preserved on the left; and there is no tenderness to light touch in her lumbar spine. The treatment plan has included the request for Mobic 15mg twice a day #60; Baclofen 10mg twice a day #60; and Norco 10-325mg twice a day #60. The original utilization review, dated 09-24-2015, non-certified the request for Mobic 15mg twice a day #60; Baclofen 10mg twice a day #60; and Norco 10-325mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg bid #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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS Guidelines state that NSAIDs such as Mobic is indicated in cases of osteoarthritis and rheumatoid arthritis, which this patient does not have. They also can be used for short-term symptomatic relief for acute mild-moderate musculoskeletal pain. They should be used at the lowest dose for the shortest period of time. This patient has been on long-term NSAIDs without documentation of significant benefit. In addition, the recommended maximum dose of Mobic is 15 mg/day. This patient is being prescribed 30 mg/day which exceeds guidelines and significantly increases the risk of GI and cardiovascular side effects. Therefore, for the reason above stated, the request is not medically necessary or appropriate.

Baclofen 10mg bid #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): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that muscle relaxants such as Baclofen are recommended for short-term use for acute muscle spasms in the lumbar region. Muscle relaxants have their greatest effect in the first 4 days of usage. They should not be used for greater than 2-3 weeks. In this case, the patient has far exceeded the 2-3 week recommendation. Muscle relaxants are not indicated for routine, long-term use as in this case, but for acute exacerbations of muscle spasm. Therefore the request is not medically necessary or appropriate.

Norco 10/325mg bid #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.

Decision rationale: Norco is an opioid indicated for the relief of moderate to moderately severe pain. It is not intended for long-term use, unless there is significant pain relief, improvement in functional status and return to work. In this case, the patient has been on long-term opioids. The medical records do not document continued analgesia, continued functional benefit and lack of

adverse side effects. MTUS Guidelines require such documentation for the ongoing use of opioids. There is also no evidence that the Norco is being provided by a single provider or that the lowest possible dose is being utilized, as required by guidelines. Therefore the request is not medically necessary or appropriate.