

Case Number:	CM15-0195069		
Date Assigned:	10/08/2015	Date of Injury:	09/09/1992
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 9, 1992. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for Norco, Mobic, and baclofen. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated February 19, 2015, Norco, Neurontin, baclofen, and Mobic were previously endorsed. On an RFA form dated October 6, 2015, Duragesic and Neurontin were endorsed. On August 20, 2015, the applicant reported ongoing complaints of neck, wrist, and shoulder pain. The applicant's pain complaints were high as 9/10, it was reported. The applicant reported difficulty performing activities of daily living as basic as pushing, pulling, lifting, carrying, twisting, turning, and the like. The applicant was off of work and had not worked since 1995, it was reported. Norco, Neurontin, Mobic, and baclofen were renewed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider reported on August 20, 2015. The applicant had not worked since 1995, it was reported on that date. Pain complaints as high as 7/10 were reported on that date. The applicant was having difficulty performing activities of daily living as basic as pushing, pulling, lifting, carrying, twisting, and turning, the treating provider contended. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Meloxicam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for meloxicam (Mobic), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic (meloxicam) do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, the treating provider reported on the August 20, 2015 office visit at issue. The applicant cannot work since 1995, it was reported on that date. The applicant remained dependent on opioid agents such as Norco and Duragesic. Activities of daily living as basic as gripping, grasping, and lifting remained problematic, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Finally, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the management of spasticity and/or muscle spasm associated with multiple sclerosis and spinal cord injuries but can be employed for unlabeled use for neuropathic pain, as was seemingly present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, the treating provider reported on an August 20, 2015 date of service at issue. The applicant had not worked since 1995, it was reported on that date. The applicant remained dependent on opioid agents to include Norco and Duragesic, the treating provider acknowledged. Activities of daily living as basic as gripping, grasping, and lifting remained problematic, the treating provider reported. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.