

Case Number:	CM15-0197432		
Date Assigned:	10/12/2015	Date of Injury:	02/02/2004
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 62 year old male who sustained an industrial injury on 02-02-2004. According to a progress report dated 08-25-2015, the injured worker reported left-sided neck and shoulder girdle pain and "severe" cramps in his neck and shoulder. He inquired about trying traction for his neck. He could not function without pain medications. He reported a 50% reduction in pain and functional improvement with activities of daily living with medications versus not taking them at all. Pain was rated 8 on a scale of 1-10. At best with medications, pain was rated 4. Without medications, pain was rated 10. Neck range was "very limited". Cervical compression caused neck pain that radiated to the left shoulder blade area. There was an absent left triceps reflex. Palpation spasm in the left cervical paraspinal and cervical trapezius muscle was noted. There was 4 out of 5 weakness in left arm abduction noted. There was a mild kyphosis in the thoracic spine. His lower back complaints were not evaluated. Left shoulder exam revealed limited range of motion. There was crepitus on circumduction with a positive impingement sign. Impression included history of cervical sprain strain with severe spondylosis per MRI with disc herniation at C5-C6 compressing the spinal cord with left radicular symptoms, history of left shoulder girdle tendinopathy, nonindustrial medical problems including lower back pain, lumbar degenerative joint disease, myocardial infarction, diabetes, hypertension, hyperlipidemia and hypothyroidism. The treatment plan included Norco, Mobic and Baclofen. Documentation shows long-term use of Mobic and Norco. Urine toxicology reports were not submitted for review. On 09-09-2015, Utilization Review modified the request for Norco 10-325 mg #60 and non-certified the request for Mobic 15 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Mobic 15mg #30: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Mobic 15mg #30, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Mobic specifically is providing any objective functional improvement. In the absence of such documentation, the currently requested Mobic 15mg #30 is not medically necessary.

