

<b>Case Number:</b>	CM15-0201687		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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  
 Certification(s)/Specialty: Emergency 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 45 year old male, who sustained an industrial injury on October 23, 2012. The injured worker was diagnosed as having lumbar intervertebral disc disease with herniated nucleus pulposus and lumbar radiculopathy. Treatment and diagnostic studies to date has included functional restoration program, medication regimen, home exercise program, magnetic resonance imaging, electromyogram, acupuncture, injections, physical therapy, and psychology treatments. In a progress note dated September 16, 2015 the treating physician reports complaints of pain to the back. Examination performed on September 16, 2015 was revealing for decreased range of motion to the back with pain, positive straight leg raises to the right, and decreased strength to the right ankle. The injured worker's medication regimen on September 16, 2015 included Norco (since at least prior to October of 2014), Mobic (prescribed on April 13, 2015), Quetiapine, and Bupropion. The injured worker's pain level was rated an 8 out of 10, but the progress note did not indicate the injured worker's pain level prior to and after use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of his medication regimen. On September 16, 2015 the treating physician requested Mobic 7.5mg with a quantity of 30 with 1 refill and Norco 7.5mg-325mg with a quantity of 30 noting current use of these medications. On September 28, 2015 the Utilization Review determined the requests for Mobic 7.5mg with a quantity of 30 with 1 refill and Norco 7.5mg-325mg with a quantity of 30 to be non-approved.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 7.5mg, #30 with 1 refill:** 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).

**Decision rationale:** As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients due to increased risk for worsening cardiovascular problems, stroke and GI issues. The prescription does not correlate with short term use. Mobic is not medically necessary.

**Norco 7.5/325mg, #30:** Upheld

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

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

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has completely failed to document a single required component as per MTUS guidelines. There is no documented pain assessment. There is only a vague statement claiming that it allows patient to perform ADLs, but no objective measures were noted. A recent urine drug screening was negative for Norco. This aberrant result was not noted on progress notes. There is no long term plan or documentation as to why patient still requires opioids. Not medically necessary.