

<b>Case Number:</b>	CM15-0035736		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female injured worker who sustained an industrial injury on January 27, 2010. She has reported a trip and fall. The diagnoses have included encounter for long-term use of other medications, rupture of extensor tendons of hand and wrist, carpal tunnel syndrome, sprains and strains of knee and leg not otherwise specified, sprains and strains of neck and sprains and strains of lumbar region. Treatment to date has included diagnostic studies, physical therapy, acupuncture and medications. On February 25, 2015, the injured worker complained of worsening low back pain. The pain was described as constant and radiated to the bilateral buttocks, left greater than right. She also complained of left leg weakness. She is unable to sleep due to the worsening numbness and tingling. She rated her left knee and leg pain as a 5 on a 1-10 pain scale. There was pain also in the left greater than right shoulders and traps. She felt her arm range of motion was limited due to the pain. On February 4, 2015, Utilization Review non-certified Meloxicam 15mg #30 with 1 refill and Norco 5/325mg #60, noting the CA MTUS Guidelines. On February 25, 2015, the injured worker submitted an application for Independent Medical Review for review of Meloxicam 15mg #30 with 1 refill and Norco 5/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 15mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** Based on the 02/25/15 progress report provided by treating physician, the patient presents with low back and left knee/leg pain rated 5/10. The request is for MELOXICAM 15MG #30 WITH 1 REFILL. Patient's diagnosis on 02/25/15 included rupture of extensor tendons of hand and wrist, carpal tunnel syndrome, sprains and strains of knee and leg, neck and lumbar region. Patient's medications include Meloxicam, Norco, Gabapentin, Ibuprofen, and Lidocaine ointment. The patient remains permanent and stationary and is not working, per treater report dated 02/25/15. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Meloxicam is included in progress reports dated 07/15/14 11/07/14 and 02/25/15. In progress report dated 08/14/14, the treater states that the patient 'takes Mobic daily.' However, none of the progress reports discuss an improvement in function or a reduction in pain due to the regular use of Meloxicam. Treater does not discuss an improvement in function or a reduction in pain due to the regular use of Meloxicam. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Furthermore, per progress report dated 02/25/15, treater states "not going to Meloxicam for pain with recent liver enzyme elevations." The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** Based on the 02/25/15 progress report provided by treating physician, the patient presents with low back and left knee/leg pain rated 5-10/10. The request is for NORCO 5/325 MG #60. Patient's diagnosis on 02/25/15 included rupture of extensor tendons of hand and wrist, carpal tunnel syndrome, sprains and strains of knee and leg, neck and lumbar region. Patient's medications include Meloxicam, Norco, Gabapentin, Ibuprofen, and Lidocaine ointment. Urine toxicology was done on 02/25/15. The patient remains permanent and stationary and is not working, per treater report dated 02/25/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain

relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco is included in progress reports dated 07/15/14 11/07/14 and 02/25/15. Per progress report dated 02/25/15, treater states "denial of Norco was based on negative UDS in January when the patient wasn't receiving any of her pain medications and therefore her UDS was consistent with expected result. The patient only uses it on days where her knee pain and low back pain are severe preventing sleep and/or participation in basic ADL tasks at home. With the use of medication she is able to better participate in tasks and wakes less due to pain. She uses Norco 2-3 times a week depending on pain, which continues to be an appropriate pain management strategy. In the meantime Norco provides some functional improvement and pain relief." In this case, treater has not addressed analgesia with numerical scales or validated instruments. Treater has provided UDSs and documented compliance with prescribed medications, however no discussions on aberrant behavior to include CURES and opioid pain contract. Treater has provided general statements pertaining to improvement in ADL tasks at home; without specific examples of activities of daily living, showing significant improvement in function. There are no discussions on adverse effects, either. MTUS requires adequate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.