

Case Number:	CM15-0037705		
Date Assigned:	03/06/2015	Date of Injury:	03/27/1990
Decision Date:	04/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 57-year-old male, with a reported date of injury of 03/27/1990. The diagnoses include chronic low back pain and chronic pain syndrome. Treatments have included oral medications. The progress report dated 01/14/2015 indicates that the injured worker's low back pain was the same as his last visit. He rated the pain 6 out of 10. The injured worker's CURES report dated 12/11/2014 was consistent for medications. The urine drug test was positive for opiates and benzodiazepines. The physical examination showed that the injured worker was able to rise from a seated to a standing position without difficulty; tenderness over the bilateral splenius capitus and superior trapezius; iliolumbar tenderness on flexion at the waist to knee and on extension. The treating physician requested Norco 10/325mg #150 and Mobic 7.5mg #60, with three refills. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: 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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain, rated 6/10. The request is for NORCO 10/325 MG # 150. Physical examination to the cervical spine on 12/17/14 revealed tenderness to palpation over the splenius capitus and superior trapezius bilaterally. Patient's treatments include medications, physical therapy and an epidural steroid injection, which provided over one year of pain relief. USD report dated 12/31/14 was consistent with patient's medications. Per 01/14/15 progress report, patient's medications include Norco, Mobic, Xanax, and Deplin. Patient is working regular duties. 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." Treater has not provided reason for the request. The request is for Norco # 150. UR letter dated 02/26/15 has modified the request to # 65. Patient has been prescribed Norco from 07/24/14 and 01/14/15. Patient's Urine Drug Screening report dated 12/31/14 was positive for opiates. Per 01/14/15 progress report, patient's current CURES report 01/08/15 is consistent for medications and pharmacy. However, treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. The 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Mobic 7.5mg #60 with 3 refills: 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: The patient presents with low back pain, rated 6/10. The request is for MOBIC 7.5 MG # 60 WITH 3 REFILLS. Physical examination to the cervical spine on 12/17/14 revealed tenderness to palpation over the splenius capitus and superior trapezius bilaterally. Patient's treatments include medications, physical therapy and an epidural steroid injection, which provided over one year of pain relief. Per 01/14/15 progress report, patient's medications include Norco, Mobic, Xanax, and Deplin. Patient is working regular duties. Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided a

reason for the request. The request is for 60 tablets of Mobic 7.5 mg with three refills. Patient has been prescribed Mobic from 07/24/14 and 01/14/15. The patient presents with low back pain for which this medication is indicated as a first line treatment. However, the reports do not show whether this medication is helping the patient or not. The MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. The request does not meet the guidelines and therefore, it IS NOT medically necessary.