

Case Number:	CM15-0085294		
Date Assigned:	05/07/2015	Date of Injury:	02/07/1988
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 65 year old male, who sustained an industrial injury on February 7, 1988. He reported low back pain. The injured worker was diagnosed as having chronic low back pain, insomnia secondary to pain, depression and anxiety, lumbago, sciatica and degeneration of lumbar or lumbosacral intervertebral discs, status post lumbar fusion and obesity. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, chiropractic care, traction, radiofrequency ablation, a cane for ambulation, medication and work restrictions. Currently, the injured worker complains of chronic low back pain with pain, tingling and numbness radiating to bilateral lower extremities with associated insomnia. The injured worker reported an industrial injury in 1988, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He was not able to have a magnetic resonance image secondary to a defibrillator and pacemaker implant. Computed tomography of the lumbar spine in 2012 revealed disc bulging. He noted up to a 50% improvement with previous radiofrequency ablation. He noted requiring a sleep aide to maintain six hours of sleep. He reported only 4 hours of sleep with frequent waking without a sleep aide. He also reported significant improvement for a few hours after lumbar traction. Evaluation on September 24, 2014, revealed continued pain as noted. Medications were continued. Evaluation on January 6, 2015, revealed continued pain. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, long-term assessment, Criteria for Use of Opioids, Long- term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg, #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain with pain, tingling and numbness radiating to bilateral lower extremities with associated insomnia. The treating physician has documented up to a 50% improvement with previous radiofrequency ablation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #180 is not medically necessary.

Mobic 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Mobic 7.5mg, #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has chronic low back pain with pain, tingling and numbness radiating to bilateral lower extremities with associated insomnia. The treating physician has documented up to a 50% improvement with previous radiofrequency ablation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The treating physician has not

documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Mobic 7.5mg, #60 is not medically necessary.