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| Case Number: | CM15-0087072 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 06/12/1998 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 was a 55 year old female, who sustained an industrial injury, June 12, 1998. The injury was sustained while lifting equipment. The injured worker previously received the following treatments physical therapy with some relief, right and left wrist braces, cervical spine MRI and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities which showed mild bilateral carpal tunnel syndrome. The injured worker was diagnosed with cervical strain, bilateral shoulder strain and bilateral carpal tunnel syndrome. According to progress note of March 25, 2015, the injured workers chief complaint was intermittent moderate pain in the head, neck, back, shoulders, wrists and hands. The injured worker had associated complaints, of numbness in the hands consistent with carpal tunnel syndrome. The physical exam noted decreased range of motion of the lumbar spine 75% of normal. The injured worker was having difficulty with squatting. There was tenderness of the paraspinal musculatures of the lumbar spine. The cervical spine range of motion was 50% of normal. The neck pain was aggravated by lifting. The treatment plan included prescriptions for Norco and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided to show this full review was performed, including clear and specific functional gains directly related to the ongoing use of Norco as well as a measurable pain level with and without Norco use. Therefore, with insufficient evidence of ongoing benefit with use, the Norco is not medically necessary at this time.

Mobic 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, it was not clear if the worker, used Mobic daily as prescribed, but the prescription suggested that the worker used it regularly and on a chronic basis, which is not recommended for this drug type and these diagnoses. Also, it was not clear from the documentation that the Mobic was functionally helping the worker. Therefore, the request for Mobic is not medically necessary at this time.