

Case Number:	CM15-0088057		
Date Assigned:	05/12/2015	Date of Injury:	03/18/2002
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 60-year-old female who sustained an industrial injury to the lower back and right knee on 03/18/2002 due to a fall. Diagnoses include status post lumbar spine fusion, history of arthroscopic right knee surgery with ongoing knee pain. Treatments to date include medications, right knee steroid injection and Synvisc injections, lumbar injection, chiropractic and physical therapy. MRI of the lumbar spine from 4/1/15 showed a stable L3-4 fusion with cage placement; the MRI of the right knee showed considerable blunting in the free edge of the posterior horn of the medial meniscus and degeneration of the posterior horn of the lateral meniscus with a small linear tear. She had a psychiatric evaluation and was briefly on antidepressant medication. According to the progress notes dated 4/8/15, the IW reported severe pain in the back with muscle spasms, radiating into the legs, right greater than left and right knee pain. On examination, the right knee was swollen, active flexion 120 degrees, extension 0 degrees, painful patellar compression and positive McMurray's sign with an audible click. The lower back had flexion of 20 degrees, extension 5 degrees with straight leg raise positive at 80 degrees and absent right Achilles reflex. The IW rated her pain 8/10; her best pain was 4/10 with prescribed medications and worst pain was 10/10 without medications. She reported 50% improvement in pain and functional abilities with her medications. A request was made for Norco 10/325mg, #120 and Mobic 7.5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

Mobic 7.5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

Decision rationale: According to MTUS guidelines, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. Furthermore and according to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Mobic is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation of pain and functional improvement with previous use of NSAID. Therefore, the prescription of Meloxicam 7.5mg, #30 is not medically necessary.

