

Case Number:	CM14-0148478		
Date Assigned:	09/18/2014	Date of Injury:	10/27/2005
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old female with a work injury dated 10/27/05. The diagnoses include depressive disorder, lumbar facet arthropathy, lumbar radiculopathy, and chronic pain. Under consideration is a request for Norco 10/325 mg, QTY: 90, with 1 refill and Mobic 15 mg, QTY: 30, with 1 refill. There is a primary treating physician report dated 7/9/2014, the patient stated that there was an increase in pain. There was low back pain which was described as constant, sharp and moderate in severity, and radiated down the left lower extremity to the left knee and was accompanied by numbness and muscle weakness. Pain was 7/10 with medication, and 10/10 without medication. Objective findings included limited range of motion due to pain. The sensation, motor, and deep tendon reflexes were within normal limits bilaterally. The provider indicated that Norco and gabapentin provided good pain control without adverse effects or evidence of misuse. The provider recommended discontinuation of Mobic due to limited response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 90, with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; When to Discontinue Opioids Page(s): 78-80.

Decision rationale: Norco 10/325 mg, QTY 90 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates long term use of opioids without significant change in function as defined by the MTUS. The MTUS guidelines do not recommend continuing opioids without improvement in function or pain. The request for Norco 10/325mg, QTY 90 with 1 refill is not medically necessary.

Mobic 15 mg, QTY: 30, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Mobic Package Insert

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

Decision rationale: Mobic 15 mg, QTY: 30, with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does state that 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 documentation indicates that the provider in a recent progress note recommended stopping Mobic due to limited response. The request, therefore, for Mobic 15mg, QTY 30 is not medically necessary.