

Case Number:	CM14-0149894		
Date Assigned:	09/18/2014	Date of Injury:	01/04/1999
Decision Date:	11/19/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old male with a 1/4/99 date of injury. At the time (8/12/14) of the request for authorization for Mobic 7.5mg #30 with 4 refills, Adderall 10mg #30 with 2 refills, and Percocet 10/325mg #360 with 4 refills, there is documentation of subjective (continued pain in the low back, real issues at arms and legs as well, in addition he presented with feet pain, complained of depression) and objective (tender at cervical spine, lumbar spine, and facet joint) findings, current diagnoses (lumbago, pain foot/leg/arm/finger, and encounter long prescription use NEC), and treatment to date (medication including Mobic, Adderall, and Percocet for at least 3 months). Regarding Mobic 7.5mg #30 with 4 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Mobic use to date. Regarding Adderall 10mg #30 with 2 refills, there is no documentation of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Adderall use to date. Regarding Percocet 10/325mg #360 with 4 refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Percocet use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic) Page(s): 61 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, pain foot/leg/arm/finger, and encounter long prescription use NEC. In addition, there is documentation of chronic pain. However, given documentation of treatment with Mobic for at least 3 months, there is no documentation of functional benefit or improvement as defined by the MTUS with Mobic use to date. Therefore, based on guidelines and a review of the evidence, the request for Mobic 7.5mg #30 with 4 refills is not medically necessary.

Adderall 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/adderall-drug/indications-dosage.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/adderall.html

Decision rationale: MTUS and ODG do not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The cited guidelines identify documentation of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy as criteria necessary to support the medical necessity of Adderall. Within the medical information available for review, there is documentation of diagnoses of lumbago, pain foot/leg/arm/finger, and encounter long prescription use NEC. However, there is no documentation of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. In addition, given documentation of treatment with Adderall for at least 3 months, there is no documentation of functional benefit or improvement as defined by the MTUS with Adderall use to date. Therefore, based on guidelines and a review of the evidence, the request for Adderall 10mg #30 with 2 refills is not medically necessary.

Percocet 10/325mg #360 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, pain foot/leg/arm/finger, and encounter long prescription use NEC. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Percocet for at least 3 months, there is no documentation of functional benefit or improvement as defined by the MTUS with Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg #360 with 4 refills is not medically necessary.