

Case Number:	CM14-0176094		
Date Assigned:	10/29/2014	Date of Injury:	03/09/2011
Decision Date:	12/18/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

The injured worker is a 54-year-old male who reported a work related injury on 03/09/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses were noted to consist of radiculitis, capsulitis, shoulder tendinitis, and insomnia. The injured worker's past treatments were noted to include medication, heat, massage, and injections. The injured worker's diagnostic studies were noted to include an MRI of the cervical spine on 04/28/2011 which revealed moderate sized left paracentral disc osteophyte at C5-6 with moderate narrowing of the spinal canal. Disc osteophyte complex contacted the left side of the spinal cord and the exiting left C6 nerve root. Degenerative disc disease of the cervical spine, most significant at C4-5, C5-6, and C6-7 was noted. No abnormal signal within the spinal cord was noted. Additionally, an MRI of the shoulder was done on 08/22/2011 which revealed acromioclavicular joint arthritis. The findings were comparable with supraspinatus and infraspinatus tendinopathy without evidence of a tear. Also, an MRI of the cervical spine was noted to reveal stable multilevel cervical spondylosis. Those levels were at C3-4 through C5-6, where there was central spinal canal stenosis. Per the most recent clinical note dated 09/19/2014, the patient presented for a followup visit. He continued to have persistent neck and right shoulder pain. He reported his pain severity as an 8/10 on the VAS pain scale. He described his pain as pinching and stabbing pain, increased with movement of the neck and shoulder. His current prescribed medications were noted to help with symptoms, lowering his pain level to a 5/10, allowing him to slightly increase his activity level. He felt his headaches were better then while using meloxicam. He also was using heat and massage to relieve his pain in the neck and shoulders. He asked for a refill of his medications. The injured worker's current medications were noted to include Nortriptyline for neuropathic pain, Norco for breakthrough pain, and meloxicam for inflammation and pain. The treatment plan consisted of Norco and Meloxicam. The rationale

for the request was for breakthrough pain, pain, and inflammation. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the 4 domains proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to lack of quantitative evidence indicating pain relief, adverse side effects, and the utilization of urine drug screens to monitor aberrant drug taking behaviors, the request is not supported. Therefore, the request for Norco 5/325mg #60 is not medically necessary.

Meloxicam 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-68.

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

Decision rationale: The California MTUS recommends NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Within the documentation provided for review, there was no evidence to recommend 1 drug in this class over another based on efficacy. The injured worker had chronic pain from an injury sustained in 2011. Long term use of an NSAID is not recommended. Within the documentation provided for review, it was not evident how long the patient had been prescribed an anti-inflammatory. Therefore, the request for meloxicam 7.5mg #30 is not medically necessary.