

Case Number:	CM15-0010854		
Date Assigned:	01/28/2015	Date of Injury:	10/07/2013
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 48 year old male, who sustained an industrial injury on 10/7/2013. He has reported severe low back pain that radiated down the left leg. The diagnoses have included lumbosacral sprain/strain, disc injury, radiculopathy, and myofascial pain syndrome. Magnetic Resonance Imaging (MRI) of lumbar spine on 9/8/14 was significant for L4-L5 central protrusion, annular bulge with stenosis and mild foraminal stenosis at L3-L4. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy and chiropractic treatment. Currently, the IW complains of low back pain that radiates to left leg with associated numbness. Objective findings from 12/30/14 documented decreased Range of Motion (ROM) of lumbosacral spine, 5/5 motor strength, and decreased light touch sensation to left leg with positive straight leg test bilaterally. The plan of care continued to include requesting electromyogram studies and electro-acupuncture treatment with continuation of current medications. On 1/9/2015 Utilization Review non-certified Mobic 7.5mg, noting the Mobic Package Insert indicated that use for mild to moderate pain is off label. The Utilization Review modified certification for Norco 10/325mg to QTY #30, noting the quantity was to allow for weaning the medication. The MTUS Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg and Mobic 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The injury was on 10/07/2013 and the patient has been treated long term with opiates. MTUS guidelines for on-going opiates requires documentation of analgesia, adverse effects, improved functionality with respect to activities of daily living or work and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet these criteria and Norco is not medically necessary for this patient.

Mobic 7.5 MG: 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 - 69.

Decision rationale: The injury was on 10/07/2013 and long term NSAIDS treatment is not a MTUS recommended treatment. Since NSAIDS are associated with an increased risk of GI bleeding, cardiovascular risks and renal disease, MTUS recommends that NSAIDS be used in the lowest dose for the shortest period of time. Also, NSAIDS may actually decrease the ability for soft tissue injuries to heal. Continued Mobic treatment is not medically necessary.