

Case Number:	CM15-0166123		
Date Assigned:	09/29/2015	Date of Injury:	09/25/2008
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male who sustained an industrial injury on 9-25-2008. Diagnoses have included Chronic pain syndrome, spinal enthesopathy, lumbago, fasciitis, sciatica, lumbar-thoracic radiculopathy, and the physician cited a "Normal EMG" of the neck and upper extremities performed 8-29-2013. Recent documented treatment includes a microdiscectomy at L4-5 on the right and L5-S1 on the left on 1-14-2015; physical therapy; treatment with a pain management specialist; and, medication including Norco and Meloxicam stated on 2-4-2015 to have been taken "greater than 6 months without benefit" as of that time. Other medications have included Gabapentin, Lyrica, Oxycontin and Topamax. The note of 7-21-2015 states he has been taking "Oxycontin twice a day and Norco for his pain." He continues to report pain in the bilateral shoulders, neck, and lower back radiating to his lower extremities making it difficult to walk. He describes the pain as dull, but sometimes "sharp and stabbing." It becomes worse with activity. Medication is stated to "help him relax" and bringing pain from 9- 10 out of 10 to a 5. There are no previous pain ratings provided in the medical records, but the pain is noted as "ongoing." A request has been submitted for a spinal cord stimulator. The treating physician's plan of care includes 180 Norco modified to 135 for weaning, and 30 Meloxicam which was non-certified. Determination date was 8-10-2015. He has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in September 2008 with injury occurring when he fell through a ceiling while working as a plumber. He underwent a lumbar microdiscectomy in January 2015. He had an anterior cervical decompression and fusion in November 2010 with possible pseudoarthrosis. Medications are referenced as decreasing pain from 9/10 to 5/10 and as helping the claimant to relax. When seen, there was lumbar paraspinal muscle and facet tenderness. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Meloxicam and omeprazole are also being prescribed. The report references a failure of multiple conservative therapies including physical therapy, NSAID medications, TENS and various medication trials for more than 6 months. A spinal cord stimulator is being requested. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.

30 Meloxicam 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in September 2008 with injury occurring when he fell through a ceiling while working as a plumber. He underwent a lumbar microdiscectomy in January 2015. He had an anterior cervical decompression and fusion in November 2010 with possible pseudoarthrosis. Medications are referenced as decreasing pain from 9/10 to 5/10 and as helping the claimant to relax. When seen, there was lumbar paraspinal muscle and facet tenderness. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Meloxicam and omeprazole are also being prescribed. The report references a failure of multiple conservative therapies including physical therapy, NSAID medications, TENS and various medication trials for more than 6 months. A spinal cord stimulator is being requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no apparent history of a peptic ulcer, bleeding, or perforation. There is no documented history of

dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Mobic (meloxicam) over a non-selective medication. The request is not considered medically necessary.