

<b>Case Number:</b>	CM15-0067828		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/09/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 26-year-old female, who sustained an industrial injury on 8/09/2009, while working as a cashier. She reported a slip and fall, hitting the left side of her body and landing on her knees. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included diagnostics, physiotherapy, chiropractic, transcutaneous electrical nerve stimulation unit, pain management, and medications. Currently, the injured worker complains of unresolved chronic pain with right sided radiculitis/sciatica. A signed opiate agreement was in effect. Magnetic resonance imaging of the lumbar spine (11/13/2014) was submitted. Laboratory analysis (11/18/2014) was referenced as normal and indicating that it was safe for her to metabolize and excrete medications. She was recommended to have a lumbar epidural steroid injection but declined, stating that a previous one was of no benefit, and would prefer to take medications for now. Her height was 5'3" and her weight was 225 pounds. She was working part time. She previously used Butrans patches (both 5mcg/hr and 10mcg/hr) and preferred going back to Butrans, willing to try 5mcg/hr. Current medication use included Mobic and Norco. It was noted that if Butrans was authorized, a transition would be made from Norco to Butrans. Urine drug screening was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15 mg #30 with three (3) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSADs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 15 mg #30 with three refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are spondylosis lumbosacral region; displacement lumbar inter-vertebral disc without myelopathy; spinal stenosis lumbar region without neurogenic claudication; and thoracic or lumbosacral neuritis unspecified. The documentation shows the injured worker was taking Mobic (as a refill) in a progress note dated January 2015. The start date is unclear. Progress notes from November 2014 and December 2014 contain a pain scale of 7/10 without medications and 4-5/10 with medications but there are no medications documented in the progress notes. The most recent progress note in the medical record, dated March 23, 2015, shows the treating provider continued Mobic. The injured worker's VAS pain scale remained unchanged from November 2014. There is no documentation evidencing objective functional improvement with ongoing Mobic. Additionally, the guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker has been using Mobic for several months without documentation of subjective and objective improvement. Additionally, the requesting provider ordered three refills. Consequently, absent clinical documentation with objective functional improvement with persistently elevated VAS pain scores and no documentation of objective functional improvement, Mobic 15 mg #30 with three refills is not medically necessary.

**Butrans patches 5mcg #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Butrans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrans patch 5mcg #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients

at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are spondylosis lumbosacral region; displacement lumbar intervertebral disc without myelopathy; spinal stenosis lumbar region without neurogenic claudication; and thoracic or lumbosacral neuritis unspecified. The documentation shows the injured worker was taking Norco as far back as December 2014. The start date for Norco is unclear. The most recent progress note is dated March 23, 2015 and states the injured worker used Butrans 5 mg and 10 mg in the past. The injured worker wants to go back on Butrans. There is no documentation in the medical record of Norco failure. There was no documentation of objective functional improvement with respect to Norco. There was no clinical indication or rationale for starting (or restarting) Butrans 5mcg. Consequently, absent compelling clinical documentation with a clinical indication or rationale (according to the guideline recommendations) for Butrans, Butrans patch 5mcg #4 is not medically necessary.

**Lab work consisting of Complete Blood Count (CBC), hepatic panel and Chemical 8 with venous collection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National library of medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, lab work: CBC, hepatic panel, chemical 8 profiles with venous collection is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are spondylosis lumbosacral region; displacement lumbar intervertebral disc without myelopathy; spinal stenosis lumbar region without neurogenic claudication; and thoracic or lumbosacral neuritis unspecified. The documentation shows lab work was performed in November 2014 and was normal. The injured worker does not take nonsteroidal anti-inflammatory drugs on a continual basis. Mobic is a non-steroidal anti-inflammatory drug. There is no documentation of renal impairment or hepatic impairment in the medical record. The non-steroidal anti-inflammatory drug insert recommends periodic lab monitoring of the CBC and chemistry profile. There is no clinical indication or rationale for repeating laboratory testing 4 months after labs were drawn, checked (November 2014) and normal. Consequently, absent clinical documentation with a clinical indication and rationale for repeating lab work including a complete blood count, hepatic panel and a chemical a profile, lab work: CBC, hepatic panel, chemical 8 profiles with venous collection is not medically necessary.