

Case Number:	CM15-0098662		
Date Assigned:	06/01/2015	Date of Injury:	09/21/2012
Decision Date:	10/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 09-21-2012. She has reported injury to the low back. The diagnoses have included lumbar strain with L4-5 retrolisthesis; left sacroiliitis; possible early osteoarthritis right metatarsal phalangeal joint; and chondromalacia of patella, bilateral quad insufficiency. Treatment to date has included medications and diagnostics. Medications have included Naproxen, Gabapentin, Norco, and Mobic. A progress report from the treating physician, dated 04-06-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain that radiates down the left leg; pain in the bilateral knees; limited motion in the right great toe; symptoms of depression, secondary to decreased activity; worsening paresthesias in the hands; she is currently taking Norco, Naproxen, and Gabapentin; and the medications allow 40-50% pain relief and more mobility. Objective findings included positive straight leg raising test on the left; positive hyperreflexia patella on the right with suprapatellar reflex; decreased sensation at L4-S1; crepitus in the bilateral knees, left greater than right; decreased ranges of motion of the bilateral knees; and positive patellofemoral grind test. The treatment plan has included the request for Mobic 15mg #30 x 1 refill; and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30 x 1 refill: Upheld

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

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

Decision rationale: The patient was injured on 09/21/12 and presents with low back pain which radiates down the left leg. The request is for MOBIC 15MG #30 X 1 REFILL for pain and swelling. The RFA is dated 04/13/15 and the patient's current work status is not provided. There is only treatment report provided from 04/06/15. MTUS Guidelines, Anti-inflammatory medications section, page 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The patient has a positive straight leg raising test on the left, positive hyperreflexia patella on the right with suprapatellar reflex, decreased sensation at L4-S1, crepitus in the bilateral knees (left greater than right), decreased ranges of motion of the bilateral knees, and positive patellofemoral grind test. She is diagnosed with lumbar strain with L4-5 retrolisthesis; left sacroiliitis; possible early osteoarthritis right metatarsal phalangeal joint; and chondromalacia of patella, bilateral quad insufficiency. The 04/06/15 report states that medications provide 40-50% relief and allows more mobility. There are no discussions provided regarding how Mobic has specifically impacted the patient's pain and function. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. The request does not meet the guidelines. The requested Mobic IS NOT medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 09/21/12 and presents with low back pain which radiates down the left leg. The request is for NORCO 10/325MG #90 for pain. The RFA is dated 04/13/15 and the patient's current work status is not provided. There is only treatment report provided from 04/06/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4 As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.

MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 04/06/15 report states that medications provide 40-50% relief and allows more mobility. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, long term use of opiates is not recommended for patients with low back pain. The requested Norco IS NOT medically necessary.