

Case Number:	CM13-0045257		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2008
Decision Date:	08/20/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation 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 45-year-old female who reported an injury on 12/02/2008. The mechanism of injury was not provided with the documentation for review. Prior treatments were noted to be medications and an exercise and weight loss program. Her diagnoses were noted to be orthopedic diathesis, psychiatric diathesis, history of sleep complaints, history of abdominal complaints, headaches with dizziness, history of incontinence, labile blood pressure, chronic obstructive pulmonary disease, obesity, status post right ovary removal in 1998. The injured worker presented for an examination on 03/07/2013. She had complaints of ongoing muscle pain, joint pain, joint swelling, back pain, abdominal difficulties and headaches. Physical examination noted obesity, external hemorrhoids, decreased pinprick to the right lower extremity and deep tendon reflexes were normal and symmetric. The treatment plan indicated use of medications for headaches. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #100 WITH 5 REFILLS QTY: 600.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO DISCONTINUE OPIOIDS Page(s): 79-80, 86.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids these include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker's examination on 03/07/2013 fails to provide an adequate pain assessment according to the guidelines "4 A's". Documentation should include pain relief, functional status, appropriate medication use and side effects. The documentation should provide failure of conservative care prior to opioid medication. The provider's request fails to indicate a frequency. Therefore, the request for Norco 10/325 mg, quantity 100 with 5 refills quantity 600 is not medically necessary and appropriate.

NORFLEX 100 MG, #50 WITH 5 REFILLS QTY: 300.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS, page(s) 65 Page(s): 65.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state antispasmodics are used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of actions for most of these agents is not known. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing should be 100 mg twice a day. The documentation provided for review fails to give a rationale for use of this medication. Side effects and efficacy are not addressed within the documentation provided for review. The provider's request fails to indicate a frequency. Therefore, the request for Norflex 100 mg, quantity 50 with 5 refills quantity 300 is not medically necessary and appropriate.

VOLTAREN 75 MG, #30 WITH 5 REFILLS QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS, page(s) 71 Page(s): 71.

Decision rationale: The request for Voltaren 75 mg quantity 30 with 5 refills quantity 180 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend

Voltaren for osteoarthritis at 15 mg 1 to 2 times daily. Voltaren is a nonselective NSAID. The guidelines recommend giving the lowest effective dose due to GI and cardiovascular risks. The clinical documentation does not indicate osteoarthritis. In addition, the injured worker has a history of gastric bleeding ulcers. The provider's request fails to indicate a frequency. Therefore, the request for Voltaren 75 mg, quantity 30 with 5 refills quantity 180 is not medically necessary and appropriate.