

<b>Case Number:</b>	CM13-0051513		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 applicant is an [REDACTED] employee who has filed a claim for chronic pain syndrome, depression, chronic neck pain, headaches, and bilateral arm pain reportedly associated with an industrial injury of August 18, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; long-acting opioids; antidepressant; barbiturate containing analgesics; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 27, 2013, the claims administrator approved a request for Viagra, approved a request for Wellbutrin, approved a request for Remeron, approved a request for Prilosec, partially certified Norco for weaning purposes, approved Colace, denied Zipsor, and approved laboratory testing. The applicant's attorney subsequently appealed. An earlier clinical progress note of September 18, 2013 is notable for comments that the applicant reports heightened pain, 8/10. The applicant's quality of sleep is poor. The applicant's activity level is reportedly increased. The applicant's medications are now less effective. The applicant is on four Norco a day. He is running out of the same easily. He reports poor sleep, decreased appetite, poor exercise tolerance, increased fatigue, increased weakness, and depression on review of systems. The applicant exhibits an antalgic gait. He is using a cane to move about. Diminished lower and upper extremities have been noted. Medications are apparently increased. The attending provider states that the applicant's pain score is often 10/10 to 7/10 through usage of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, these criteria have not clearly been met. The applicant has failed to return to work. The applicant's pain complaints appear to be heightened as opposed to be reduced on the most recent office visit. The applicant's ability to perform activities of daily living is also diminished. The applicant is reporting increased mood disturbance, weakness, fatigue, etc. despite ongoing opioid therapy. While there is some reported reduction in pain scores from 10/10 to 7/10 as a result of ongoing Norco usage, this is outweighed by the applicant's failure to return to work and reported difficulty in terms of performance of activities of daily living

**Unknown amount of Zipsor:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/zipsor?druglabelid=1070&id=2960>.

**Decision rationale:** Zipsor (diclofenac) is not medically necessary, medically appropriate or indicated here. As noted in the Physicians' Drug Reference (PDR), Zipsor or Diclofenac is an NSAID. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first line of treatment for various chronic pain conditions, in this case, there is no evidence of ongoing functional improvement which would justify continuation of Diclofenac. The applicant has failed to return to work. The applicant remains highly reliant on various medications, including Norace, Wellbutrin, Remeron, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of the Zipsor. Therefore, the request is not certified, on independent medical review.