

Case Number:	CM13-0064120		
Date Assigned:	05/07/2014	Date of Injury:	12/30/2012
Decision Date:	06/13/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 54-year-old with a date of injury of 12/30/12. A progress report associated with the request for services, dated 09/30/13 and 11/13/13, identified subjective complaints of low back pain. Objective findings included pain over a facet joint. Motor function was normal. There was decreased sensation in the right L5 distribution. The diagnoses included low back pain. The treatment has included physical therapy, oral opioids, and non-steroidal anti-inflammatory drugs (NSAIDs). A Utilization Review determination was rendered on 11/20/13 recommending non-certification of "Medrol dose pack times six; Voltaren 75 mg #60 with one refill; and Vicodin ES 75/300 mg #120 with one refill".

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSE PACK TIMES SIX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The MTUS/ACOEM states that oral corticosteroids are not recommended for low back complaints. In addition, the medical record does not document the medical necessity for Medrol. Therefore, the request is not certified.

VOLTAREN 75 MG #60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Non-steroidal anti-inflammatory drugs (NSAIDs), Page(s): 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Acetaminophen, Section Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 11-12, 67-73, and Non-MTUS: Official Disability Guidelines (ODG) Low Back, NSAIDs.

Decision rationale: Voltaren (diclofenac) is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines (ODG) states that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. The record indicates that NSAID therapy is long-term rather than for a short period. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no specific documentation of the functional improvement related to NSAID therapy and therefore no documented medical necessity for Voltaren. Therefore, the request is not certified.

VICODIN ES 75/300 MG #120 WITH ONE REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Functional Improvement Measures, Opioids Page(s): 48, 74-96.

Decision rationale: Vicodin 7.5/300mg is an opioid analgesic in combination with acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. In this case, the patient's opioids were initiated one month prior to the requested service. The MTUS states that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain." In this case, the non-certification was based upon the lack of recommendation for long-term opioid therapy. However, the medication was

prescribed for the short-term relief of pain. Therefore, there is documented medical necessity for Vicodin. The request is certified.