

Case Number:	CM14-0003342		
Date Assigned:	01/31/2014	Date of Injury:	05/16/2013
Decision Date:	07/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 Patient is an injured worker with a lumbar condition. Date of injury was 05-16-2013. Progress report from 09-19-2013 documented the treatment plan, which included chiropractic treatment, home exercise program, medications. Prescriptions included Norco 2.5/325 #60 and Voltaren XR 100 mg #30. Patient reported medications provided benefit with pain, spasm, ADL, exercises. Previous medications prescribed included Norco 2.5/325 and Voltaren XR 100 mg. Progress report from 10-29-2013 documented the treatment plan, which included chiropractic treatment, home exercise program, acupuncture, MRI lumbar spine, EMG/NCV. Prescriptions included Norco 2.5/325 #60 and Voltaren XR 100 mg #30. The Patient reported benefit from medications help with pain, spasm and activities of daily living. Primary treating physician's progress report dated 12-05-2013 was provided. Subjective Complaints: The patient's low back symptoms are improved slightly with six acupuncture treatment sessions but he still has significant pain that radiates into the right leg with numbness and tingling. The medications, including two Norco per day, Voltaren and two Fexmid per day help to decrease his pain and muscle spasm. Objective Findings: Examination of the lumbar spine reveals tenderness over the paraspinal musculature with slight spasm. There is also tenderness over the right sacroiliac joint with positive sacroiliac stress test. Straight leg raising test is positive on the right. Range of motion of the lumbar spine is as follows: Flexion is 49 degrees, extension is 18 degrees, right side bending is 20 degrees, and left side bending is 20 degrees. There is decreased sensation over the right L4 dermatomal pattern. Diagnosis: Lumbar musculoligamentous sprain/strain with right lower extremity radiculitis with minimal retrolisthesis of L5 on S1; degenerative changes at L5-S1, per x-ray dated October 29, 2013, with right sacroiliac joint sprain/strain. The Treatment Plan: Patient sent for random urine sample to document medication compliance per Official Disability Guidelines. The Prescriptions were

Fexmid, Norco 2.5/325 Q12H prn #60 and Voltaren XR 100 mg QD #30. Utilization review dated 12-31-2013 did not grant the request for Norco 2.5/325 #60, Voltaren XR 100 mg #30, urine sample.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 2.5/325MG, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 88-89. Page(s): 88-89.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines presents criteria for use of opioids (Page 88-89): Strategy for maintenance does not attempt to lower the dose if it is working. Primary treating physician's progress report dated 12-05-2013 documented diagnoses: Lumbar musculoligamentous sprain/strain with right lower extremity radiculitis with minimal retrolisthesis of L5 on S1; degenerative changes at L5-S1, per x-ray dated October 29, 2013, with right sacroiliac joint sprain/strain. Progress report from 09-19-2013 documented patient was prescribed Norco 2.5/325 at the previous visit. On 09-19-2013, patient was prescribed Norco 2.5/325 #60. On 10-29-2013, patient was prescribed Norco 2.5/325 #60. Primary treating physician's progress report dated 12-05-2013 documented a prescription for Norco 2.5/325 Q12H prn #60. Progress reports 09-19-2013, 10-29-2013, 12-05-2013 documented benefit from medications and usage rate of less than two tablets of Norco 2.5/325 per day. Medical records document a benefit and stable usage of Norco 2.5/325 prescribed at the monthly clinic visits. The California MTUS guidelines support the medical necessity of Norco 2.5/325 #60. Therefore, the request is medically necessary.

PRESCRIPTION OF VOLTAREN XR 100MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288, Chronic Pain Treatment Guidelines page, 71 Page(s): 71; Page 22; Page 287-288; Page 308.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines references 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. Voltaren XR should only be used as chronic maintenance therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relieving discomfort can be accomplished most safely by a nonsteroidal anti-inflammatory

drug (NSAID). Summary of Recommendations for Evaluating and Managing Low Back Complaints (Table 12-8) states that NSAIDs are recommended. Primary treating physician's progress report (PR-2) dated 12-05-2013 documented diagnoses: Lumbar musculoligamentous sprain/strain with right lower extremity radiculitis with minimal retrolisthesis of L5 on S1; degenerative changes at L5-S1, per x-ray dated October 29, 2013, with right sacroiliac joint sprain/strain. Date of injury was 05-16-2013. PR-2 report 09-19-2013 documented patient was prescribed Voltaren XR 100 mg at the previous visit. On 09-19-2013, patient was prescribed Voltaren XR 100 mg #30. On 10-29-2013, patient was prescribed Voltaren XR 100 mg #30. Primary treating physician's progress report (PR-2) dated 12-05-2013 documented a prescription for Voltaren XR 100 mg #30 QD. PR-2 reports 09-19-2013, 10-29-2013, 12-05-2013 documented benefit from medication Voltaren XR 100 mg daily, without adverse effects. MTUS and ACOEM guidelines support the medical necessity of Voltaren XR 100 mg #30. Therefore, the request for VOLTAREN XR 100MG, #30 is Medically Necessary.

ONE URINE SAMPLE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 88-89. Page(s): 94.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends frequent random urine toxicology screens to avoid misuse/addiction of opioids. Progress report from 09-19-2013 documented patient was prescribed Norco 2.5/325 at the previous visit. On 09-19-2013, patient was prescribed Norco 2.5/325 #60. On 10-29-2013, patient was prescribed Norco 2.5/325 #60. Primary treating physician's progress report dated 12-05-2013 documented a prescription for Norco 2.5/325 Q12H prn #60. Primary treating physician's progress report dated 12-05-2013 documented that the patient was sent for random urine sample to document medication compliance per Official Disability Guidelines. The California MTUS guidelines and medical records support the medical necessity of urine sample. Therefore, the request is medically necessary.