

Case Number:	CM14-0101967		
Date Assigned:	07/30/2014	Date of Injury:	02/07/2012
Decision Date:	12/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 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 applicant is represented [REDACTED] insured who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 7, 2012. Thus far, the applicant has been treated with analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 23, 2014, the claims administrator modified a request for Norco 10/325 #100 to Norco 10/325 #90, apparently for weaning purposes, and partially approved a request for Zipsor 25 mg #90 as Zipsor 25 mg #60, reportedly to afford the attending provider an opportunity to document improvement with the same. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported ongoing complaints of low back pain, moderate, constant, 6/10. The applicant was reportedly using Zipsor and Norco for pain relief. Tenderness is appreciated about the lumbar spine with diminished range of motion also appreciated. The applicant's gait was normal. The applicant's work status was not provided. The earlier denial of Norco and Zipsor were apparently appealed. In an August 4, 2014 progress note, the applicant again reported ongoing complaints of low back pain, constant, severe, 6/10. Norco and Zipsor were apparently appealed. The attending provider stated that the applicant was able to do some basic chores such as throwing out thrash when taking medications. Attending provider stated that the medications in question were effective but did not elaborate or expound on the extent of the same. In early note dated June 3, 2014, the applicant again reported "constant, severe" low back pain radiating into the left leg, 6/10. The applicant's pain reportedly worsened, it was stated. Norco and Zipsor were renewed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, Quantity 100, with one refill (1 tablet every 6 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. In this case, however, the applicant's work status has not been clearly stated. The attending provider has failed to outline any quantifiable decrements in pain or material improvement in function achieved as a result ongoing Norco usage. The attending provider's comments to the effect that the applicant's ability to throw out his trash does not, in and of itself, constitute substantive improvement achieved as result of ongoing Norco usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Zipsor 25mg, Quantity 90, (one tablet three times a day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Zipsor (Diclofenac) do represent the treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. This recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider has failed to outline the applicant's work status and several recent progress notes, referenced above. Ongoing usage of Zipsor (Diclofenac) has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report what the attending provider describes as "severe, constant" low back pain. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zipsor. Therefore, the request is not medically necessary.