

<b>Case Number:</b>	CM14-0112938		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 4/19/11. A utilization review determination dated 6/30/14 recommended non certification for the requested Diclofenac SR 100mg BID # 60 and Norco 10/325mg QID # 120. Rationale given was there is no indication of medication compliance therefore the request was not certified. A progress report dated 6/9/14 identifies subjective complaints of continued shoulder, neck and low back pain. The patient complained of right shoulder pain radiating to the trapezius and right neck, and low back pain that radiates into the buttocks and posterior thighs. The patient also noted some GI upset secondary to the use of naproxen. It was also noted that the patient had been having intermittent anxiety and panic attack episodes. The patient rated his pain at a 7/10 with current Norco, Clonazepam and Naproxen use, without medication he rated his pain at a 10/10. Objective findings identify mild tenderness to the right glenohumeral joint and active range of motion is somewhat limited with abduction and external and internal rotation. The patient was noted to have bilateral lumbar paraspinous tenderness specifically over L4-5 and L5-S1. The patient had a positive Spurlings maneuver, he was tender over the left posterior superior iliac spine with negative pelvic compression and mild spasms noted. He had a positive Patrick's on the left. Diagnoses include 1. Cervical sprain/strain with disc herniation at C5-6 2. Low back pain with L4-5 with 4 mm disc protrusion with facet hypertrophy, moderate central canal stenosis and moderate bilateral neuroforaminal stenosis, 4 mm right disc protrusion at L5-S1 effacing the ventral thecal sac near the right S1 nerve root with mild facet arthropathy and moderate bilateral neuroforaminal stenosis. 3. Chronic Axial low back pain without radicular symptoms on exam 4. Bilateral shoulder pain with history of right rotator cuff tear on 5/25/12 5. Carpal tunnel syndrome per EMG/NCV 6. Anxiety due to chronic pain. Treatment plan recommends continued norco for breakthrough pain and a request for diclofenac since naproxen has started to cause GI upset,

continued clonazepam and a request for random urine drug screens. A progress report dated 4/1/14 identifies that the patient has improved function on medication and is able to participate in activities of daily living, walking longer distances and performing very light independent exercise program. The patient reported a 25-30% improvement with norco and a 10% improvement with naproxen. A drug screen was submitted on February 6, 2014 which is positive for tylenol and hydrocodone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RETRO: Diclofenac SR 100mg 1 tab BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Diclofenac SR 100, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is evidence that the medication is improving the patient's function and pain with no intolerable side effects. As such, the currently requested Diclofenac is medically necessary.

**RETRO: Norco 10/325mg 1 tab QID prn #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for norco 10mg/325mg, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is evidence that the medication is improving the patients function and helping control pain. There are no intolerable side effects mentioned and a random drug screen has been consistent with the patients usage. As such, the currently requested Norco(hydrocodone/acetaminophen) is medically necessary.