

Case Number:	CM14-0150153		
Date Assigned:	09/18/2014	Date of Injury:	10/24/2001
Decision Date:	12/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old female who suffered a work related injury on 10/24/2001. Her diagnoses include right shoulder pain, status post-surgery with compensable consequence of left shoulder aching, lumbar strain with left lumbar radiculitis, and cervical strain. She continues to complain of right shoulder, low back and cervical spine pain. Pain is rated 3/10 but increases with use. Treatment includes medications, home exercise program and icing affected areas which is helpful for pain control. A note from his physician on 08/18/2014 documents there is mild paralumbar muscle spasm more on the left than the right, paracervical muscles showed slight spasm more on the right than the left. On 9/15/2014 the primary physician documents the injured worker has not been taking the Norco for some time and it has been discontinued. The injured worker remains permanent and stationary. The request for authorization on 8/22/2014 is for Norco 5/325mg, # 60, Voltaren gel 1%, 100gm tube, and 1 urine drug screen Unitization Review dated 9/2/2014 modified the request for Norco 5/325mg, # 60 citing California MTUS, Chronic Pain Guidelines. The injured worker has been utilizing Norco since July 2012 without evidence of overall improvement in function and pain. Norco 5/325 was modified to Norco 5/325, # 34 for weaning purposes. Voltaren gel 1%, 100gm tube was not certified citing California Chronic Pain Medical Treatment Guidelines-Topical Non-Steroidal Anti-Inflammatories. Topical Voltaren is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. According to evidence based guidelines, it is recommended for short term use (4-12 weeks), for chronic musculoskeletal pain. The injured worker has been using this from July 2013, which extends beyond the recommended time frame of use. The prospective request for 1 urine drug screen was not certified, citing California Chronic Pain Medical Treatment Guidelines. Urine drug tests may be subject to specific drug screening

statutes and regulations based on state and local laws. Urine drug testing should be based on documented evidence of risk stratification, including use of a testing instrument.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of opioid therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78.

Decision rationale: This patient presents with shoulder, low back, and neck pain. The treater is requesting 1 Prescription Of Norco 5/325 Mg, Quantity #60 from the report 08/18/2014. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on July 2012. The 06/30/2014 report shows that the patient continues to complain of cervical spine and right shoulder discomfort and lumbar back pain. He rates his pain at 3/10. The examination shows a positive straight leg raise test on the left at 80 degrees. There are mild paralumbar muscle spasms in the lumbar spine. Paracervical muscles show slight spasms, more on the right than the left. The patient's gait is normal. The 08/18/2014 report notes that the urine toxicology screen came back negative for any medications and so it will be repeated. The patient does state that he does take his medications as prescribed. The examination is the same as the 06/30/2014 report. While the treater has provided a pain scale to denote the patient's current pain level, no before and after pain scales were provided to show analgesia. No discussion about medication efficacy and no specifics regarding ADLs were discussed and no significant functional improvement. No side effects were discussed and the urine drug screen came back negative for prescribed medications. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. This request is not medically necessary.

(1) Prescription of Voltaren gel 1% 100gm tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with shoulder, low back, and neck pain. The treater is requesting 1 Prescription of Voltaren Gel 1% 100 G Tube from the report 08/18/2014. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, Voltaren gel 1% (diclofenac) is indicated for relief of osteoarthritis, pain in joints that lend themselves to topical treatment such as ankle, elbow, foot, hand, knee, and wrist. It is not recommended for the treatment of the spine, hip, or shoulder. The records show that the patient was prescribed Voltaren gel on July 2013. However, this patient does not have a diagnosis of osteoarthritis. Furthermore, it appears that the patient is using Voltaren gel for the shoulders and low back which this medication is not indicated for. This request is not medically necessary.

(1) Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Urine Drug Screens, Criteria for use of Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with shoulder, low back, and neck pain. The treater is requesting a Urine Drug Screen from the report 08/18/2014. The MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records show 2 urine drug screens from 06/30/2014 and 08/18/2014. It appears that the treater is requesting a decision for the UDS performed on 08/18/2014. The patient is prescribed hydrocodone; however, hydrocodone was not detected in the urine drug screen from 06/30/2014. While the treater does not discuss the patient's "risk assessment," MTUS recommends an initial screening and a follow-up within the first 6 months, for a total of two per year. The request is within guidelines. This request is medically necessary.