

Case Number:	CM14-0153566		
Date Assigned:	09/23/2014	Date of Injury:	07/02/2009
Decision Date:	12/26/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral wrist pain reportedly associated with an industrial injury of July 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; a walker; and topical agents. In a Utilization Review Report dated August 27, 2014, the claims administrator apparently partially approved a request for Norco and denied a request for Dilfur anti-inflammatory lotion outright. The applicant's attorney subsequently appealed. In an August 10, 2014 progress note, the applicant reported ongoing complaints of neck and bilateral upper extremity pain. The applicant was using a walker to move about. The applicant also reported worsening shoulder pain. The attending provider acknowledged that earlier usage of Norco 10/325 four times daily was not generating adequate analgesia. The attending provider stated that he had decided to titrate the applicant downward. The attending provider stated that he was giving the applicant Norco 5/325 in an effort to slowly taper or wean the applicant off of opioid altogether. A topical anti-inflammatory Dilfur lotion was also endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On July 24, 2014, the applicant was given Norco for ongoing complaints of bilateral hand, wrist, and shoulder pain. The applicant was asked to employ Prilosec in conjunction with unspecified NSAID for potential issues with gastritis which might arise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications topic Page(s): 124.

Decision rationale: As noted on page 124 of the MTUS Chronic Pain Medical Treatment Guidelines, a "slow taper" of opioids is recommended. Page 124 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to recommend gradual weaning off of opioids in long-term opioid users such as the applicant. The attending provider posited that the applicant was earlier using Norco 10/325 four times daily and that the applicant's current usage of Norco 5/325 amounted to an opioid weaning or tapering schedule. Given the applicant's seeming long-term usage of opioids, a slowly tapering schedule appears to be the most appropriate option here. The attending provider's request for Norco 5/325 #180 did, furthermore, amount to a weaning or tapering schedule. Therefore, the request was medically necessary.

Diflur #120 g (anti-inflammatory lotion): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The exact ingredients in the compound at issue were not clearly stated. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Dilfur lotion at issue are, as a class, deemed "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including Norco, would seemingly obviate the need for the largely experimental Dilfur lotion at issue, it is further noted. Therefore, the request was not medically necessary.