MAXIMUS Federal Services

Case Number:	CM14-0157926		
Date Assigned:	10/01/2014	Date of Injury:	06/07/2013
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 low back pain reportedly associated with an industrial injury of June 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; topical agents; and unspecified amounts of physical therapy, manipulative therapy, and acupuncture over the course of the claim. In a Utilization Review Report dated August 29, 2014, the claims administrator failed to approve request for Norco and Flector patches. The applicant's attorney subsequently appealed. In a request for authorization (RFA) form dated August 28, 2014, Norco, Neurontin, and Flector were reportedly sought for a diagnosis of lumbar radiculopathy. In a progress note of the same date, August 14, 2014, the applicant reported persistent complaints of low back pain. The applicant was reportedly visibly uncomfortable. The applicant had reportedly had difficulty attending manipulative therapy appointments and acupuncture treatments owing to lack of transportation. The applicant was depressed and anxious, it was further noted. Work restrictions and trigger point injections were endorsed. The attending provider stated that the applicant had not been receiving medications for some time. This was not elaborated or expounded upon, however. On August 26, 2014, a psychological evaluation and function capacity testing were sought. On June 2, 2014, the applicant was described by his pain management physician as using gabapentin and Norco as of that point in time. The applicant was having difficulty performing activities of daily living, including even minimal difficulty with grooming and bathing. Epidural steroid injection therapy was sought. The applicant reported 9/10 low back pain, on this occasion, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of 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 a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing Norco usage. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Norco usage. The fact that the applicant is having even minimal difficulty performing activities such as grooming and bathing suggest that ongoing usage of Norco has failed to ameliorate the applicant's ability to perform ADLs. Therefore, the request is not medically necessary.

Flector patches #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac/Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, Voltaren/diclofenac has not been evaluated for treatment involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which Flector has not been evaluated. No rationale for selection and/or ongoing usage of this agent in the face of the tepid to unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.