

Case Number:	CM14-0185776		
Date Assigned:	11/13/2014	Date of Injury:	09/20/2011
Decision Date:	12/31/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Emergency 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:

Patient with reported date of injury on 9/20/2011. No mechanism of injury was provided. Patient has a diagnosis of low back pain, neck pain, shoulder pain and knee pain. Medical reports reviewed. Last report available until 10/7/14. Patient states with medications, pain improves to 5/10 allowing some activity in 10-15minute increments and walk for 30minutes. Patient had reported epidurals by another provider. Objective exam was only documented as "no significant changes". Multiple other progress notes lack a proper exam documented. Last physical exam documented is from 8/7/14. MRI of lumbar (10/19/12) reportedly showed L2-S1 minimal broad based disc bulge. MRI of cervical spine (12/22/11) reportedly showed C3-4 central disc protrusion with anterior impression on thecal sac without stenosis. C4-5 and C6-7 with annular bulge causing anterior impression on thecal sac without significant stenosis. Current medications include Norco, Biofreeze gel and Voltaire gel. Independent Medical Review is for Voltaire gel #100g and Norco 10/325mg #75. Prior UR on 10/22/14 recommended non-certification and modified Norco to #50 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel PRN #100g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Voltaren/Diclofenac gel have poor evidence to support its use but may have some benefit. Diclofenac has evidence for its use in in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's may be using this on the shoulder and lower back or neck but as per MTUS Guidelines, the use of Voltaren gel for patient's pain is not supported by evidence and is not medically necessary.

Norco 10-325 #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails multiple criteria. There is no appropriate documentation of improvement in pain. Documentation merely states that pain "improves" to 5/10(no baseline was provided), no documentation of frequency of use, no documentation of long term plan and the documentation of activity still shows very poor baseline function even with pain medications. The lack of objective exam documentation is also not appropriate. Due to poor documentation, Norco is not medically necessary.