

Case Number:	CM14-0022041		
Date Assigned:	05/09/2014	Date of Injury:	01/04/2012
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 female patient with the date of injury of January 4, 2012. A utilization review determination dated February 12, 2014 recommends non-certification of Diclofenac Sodium 1.5% 60 gm and Hydrocodone/APAP 10-325mg #60. The previous reviewing physician recommended non-certification of Diclofenac Sodium 1.5% 60 gm due to lack of documentation of failed trials of first-line recommendations including oral antidepressants and anticonvulsants and oral pain medications such as Norco and Ibuprofen are insufficient to manage symptoms; and non-certification of Hydrocodone/APAP 10-325mg #60 due to lack of documentation of a current pain level that would present moderate to severe pain and would need opioid level of analgesia, current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. A Visit Note dated January 20, 2014 identifies Subjective Complaints of chronic left shoulder and left foot pain. Medications continue to help reduce some pain and allow for greater function. She is tolerating them well. It helps her to continue working at her sedentary job at a dental office. Objective Findings identify patient's gait was antalgic. Diagnoses identify sprain strain lumbar region, pain in joint - s/p left shoulder arthroscopy 11/2012, pain in joint ankle foot - left ankle, and pain in joint lower leg - left knee. Treatment Plan identifies Diclofenac Sodium 1.5% 60 gram and Hydrocodone bit/apap 10-325mg #30 1 tablet twice a day for pain QTY: 60. It's noted that medications do help with pain and function. She is tolerating them well without side effects. 1/20/14 urine screen report is negative for all entities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% PERCENT 60 GRAM #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is documentation of reduction in pain and functional benefits from the use of current medications. However, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Diclofenac is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Diclofenac Sodium 1.5% percent 60 gram #1 is not medically necessary.

HYDROCODONE BIT/APAP 10-325MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 of 127.

Decision rationale: The MTUS Chronic Pain 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 documentation of reduction in pain and functional benefits from the use of current medications, no side effects, and a discussion regarding aberrant use. As such, the currently requested Hydrocodone bit/APAP 10-325mg #60 is medically necessary.