

Case Number:	CM14-0029092		
Date Assigned:	06/16/2014	Date of Injury:	01/11/2013
Decision Date:	12/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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, mid back, and low back pain reportedly associated with an industrial injury of January 11, 2013. In a Utilization Review Report dated February 25, 2014, the claims administrator failed to approve requests for Norco, Voltaren, Promolaxin, Restoril, and Fioricet. The report was some five pages long and somewhat difficult to follow. In a progress note dated January 9, 2014, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was using Norco to alleviate his pain. The applicant did have a review of systems which was positive for depression, it was acknowledged. Additional physical therapy was sought while Norco, Voltaren, and Promolaxin were prescribed. Work restrictions were endorsed. The applicant was given a rather proscriptive limitation of "no commercial driving," suggesting that the applicant was not, in fact, working with said limitation in place. In a progress note dated December 12, 2013, the applicant again presented with ongoing complaints of neck, mid back, and low back pain with radiation of pain to the left leg. The applicant was again described as employing Norco for pain relief. The applicant was given diagnoses of chronic neck pain, chronic low back pain, chronic mid back pain, and hip arthritis. Norco, Voltaren gel, and Promolaxin were endorsed. Promolaxin was being employed for laxative effect, it was stated. The applicant was again given work restriction of no commercial driving. It did not appear that the applicant was working with said limitation in place. There was no mention of the need for Restoril on this occasion. On October 17, 2013, the applicant was given prescriptions for Norco and Fioricet. As with several other medications, the applicant's complete medication list was not attached. In an earlier note dated January 11, 2013, it was acknowledged that the applicant was using both butalbital and Norco as of that point in time. The applicant was not working, it was acknowledged. On September 5, 2013, the applicant was given prescriptions for

Norco and Fioricet. On August 6, 2013, the applicant was given prescriptions for Voltaren, Norco, Fioricet, Promolaxin, and Desyrel. It was acknowledged that the applicant was having complaints of depression and associated sleep disturbance, along with persistent complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 119.

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

Decision rationale: As noted on page 80 of the 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. Here, however, the applicant is off of work. A rather proscriptive limitation of 'no commercial driving' was imposed on several occasions, referenced above. The attending provider failed to outline any quantifiable decrements in pain achieved as a result of ongoing opioid therapy. All of the foregoing, taken together, does not make a compelling case for continuation of Norco therapy. Therefore, the request was not medically necessary.

Voltaren gel, 100g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the spine and hip, body parts for which Voltaren has not been evaluated. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable MTUS position on usage of topical Voltaren for issues involving the spine and hip, both of which are present here. Therefore, the request was not medically necessary.

Promolaxin 100mg, #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppe/docusate.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic provision of laxatives is indicated in applicants using opioids. Here, the applicant was in fact concurrently using Norco, an opioid agent. Prophylactically furnishing the applicant with a laxative medication to combat any issues with opioid-induced constipation which may have risen on or around the date in question was therefore indicated. Accordingly, the request was medically necessary.

Restoril 7.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant experiencing any overwhelming mental health symptoms on or around the date in question. Indeed, several progress notes, referenced above, contained no reference to ongoing usage of Restoril. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not state why Restoril was/is being furnished alongside a second sedative agent, Desyrel. Therefore, the request was not medically necessary.

Fioricet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics topic Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the chronic pain context present here. Here, the applicant appears to have been using Fioricet for what appears to be span of at least several months. Such usage, however, is incompatible with page 23 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.