

Case Number:	CM14-0038748		
Date Assigned:	06/27/2014	Date of Injury:	02/25/2010
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Management 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 male patient with the date of injury of February 25, 2010. A Utilization Review was performed on March 25, 2014 and recommended modification of 1 prescription of Norco 10/325mg #90 with 2 refills to 1 prescription of Norco 10/325mg #60 and non-certification of 1 prescription of Voltaren XR 100mg #60 with 1 refill. A Progress Report dated February 18, 2014 identifies Subjective findings of elbow pain and left shoulder pain. Objective findings identify pain elicited to palpation at the medial epicondyle, along the proximal and distal ulnar ridge, and within the flexor mass and extensor mass muscle. Limited passive ROM with extension. 2/5 flexors, 3/5 extensors, 4/5 grip, and 4/5 hand intrinsics. Light touch and pain sensation deficit noted in ulnar nerve distribution. Left shoulder pain elicited to palpation anteriorly and posteriorly. Limited active ROM. 4/5 abduction. Positive Yergason test, impingement sign positive. Assessment identifies elbow pain and shoulder pain. Plan identifies Voltaren XR for anti-inflammatory effect and Norco 10/325 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment.

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, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment 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 no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.

Voltaren XR 100mg QTY: 60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

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): 67-72 of 127.

Decision rationale: Regarding the request for Voltaren (Diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.