

Case Number:	CM14-0063978		
Date Assigned:	07/11/2014	Date of Injury:	10/15/2007
Decision Date:	08/21/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 injured worker is a male who reported an injury on 01/16/2006, the mechanism of injury and date of birth was not disclosed. On 10/29/2013, the injured worker presented with increased low back pain. Upon examination of the lumbar spine, there was increased tenderness to palpation with slight to moderate hypertonicity of the muscle with guarding present over the paravertebral musculature and lumbosacral junctions bilaterally. There is diffused tenderness over the sciatic notch and a positive bilateral straight leg raise and a positive Kemp's test. There was also decreased range of motion to the lumbar spine. The diagnosis were lumbosacral musculoligamentous sprain/strain and status post repeat arthroscopy including partial medial meniscectomy. Current medications included Voltaren XR and Norco. The provider recommended Voltaren XR for reduction of pain and inflammation and Norco as needed for pain. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg tablets #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70.

Decision rationale: The request for Voltaren XR 100 mg tablets with a quantity of 30 is not medically necessary. The California MTUS Guidelines indicate NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended at the lowest effective dose for all NSAIDS for the shortest duration of time consistent with the individual injured worker's treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Norco 10/325 mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 10 is not medically necessary. California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 100 mg of oral morphine equivalent per day. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.