

Case Number:	CM14-0123628		
Date Assigned:	08/08/2014	Date of Injury:	10/27/2009
Decision Date:	04/07/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 44 year old male who sustained an industrial injury on 10/27/2009. He has reported chronic back pain. Diagnoses include Low back pain; chronic pain; lumbar degenerative disc disease; lumbar facet arthropathy; and lumbar radiculopathy. Treatments to date include left sided L3-5 medial branch radial frequency ablation on 07/03/2012 and 08/07/2012, and bilateral sacroiliac joint injections on 01/04/2013. He uses a TENS (Transcutaneous Electrical Nerve Stimulation) unit. A progress note from the treating provider dated 04/11/2014 indicates the worker has lumbar spine pain exacerbated by prolonged sitting, walking, twisting, bending and lifting. The pain has been responsive to heat application, medication, rest and use of a TENS unit. A MRI lumbar spine done 04/16/2013 showed no acute fractures or spondylolisthesis. There were disc desiccation changes at L1-2, L4-L5, and L5, S1. Broad central disc bulges without significant encroachment on the spinal canal at L1-L2 through L3-L4. Mild bilateral neural foraminal stenosis was present at L5-S1. On 07/29/2014 Utilization Review non-certified a request for Norco 10/325mg #120. The MTUS Guidelines were cited. The Utilization Review also non-certified a request for Voltaren Topical Gel 1%. The MTUS Guidelines were cited.

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 Page(s): 91,78-80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

Voltaren Topical Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (page 111), NONSELECTIVE NSAIDS, page(s) 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, lumbar spine pain, shoulder and knee pain. There is no evidence of right upper extremity osteoarthritis. Therefore request for Voltaren Topical Gel 1% is not medically necessary.

