

Case Number:	CM14-0190007		
Date Assigned:	11/21/2014	Date of Injury:	07/19/2013
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family 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:

This is a 44 year old male patient who sustained a work related injury on 7/19/13. The exact mechanism of injury was not specified in the records provided. The current diagnosis includes thoracic myofascial pain. Per the doctor's note dated 10/1/14, patient has complaints of right sided upper back pain and occasional radiation to the upper extremities. Pain is rated 6/10. Physical examination revealed tenderness along the right sided parathoracic musculature, range of motion of the bilateral shoulders was full. The current medication lists include Norco, Ambien, Voltaren and Etodolac. The patient has had MRI of the low back on 10/11/13 that was normal. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient was approved for 6 sessions of acupuncture on 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg one tab every day Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg one tab every day Qty 30 is not established for this patient.

Ambien 10mg one tab at hour of sleep Qty 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines-TWC and Mosby's drug consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain (updated 11/21/14), Zolpidem.

Decision rationale: Zolpidem is a short-acting nonbenzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 1 and half years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10mg one tab at hour of sleep Qty 15 is not fully established in this patient.

Voltaren 75mg one tab twice a day Qty 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Updated 10/06/14, Diclofenac.

Decision rationale: Voltaren contains Diclofenac belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." As per cited guideline "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. . . The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs" In addition as per cited guideline, diclofenac is "Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac." Diclofenac is a NSAID. Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. Patient is having chronic pain and is taking Diclofenac for this injury. Response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for NSAID/Diclofenac on a daily basis with lack of documented improvement in function is not fully established. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. The medication list contains Etodolac, which is also a NSAID. The rationale for the use of another NSAID is not specified in the records provided. Short term or prn use of Diclofenac for acute exacerbations would be considered reasonable appropriate and necessary. HOWEVER the need for Voltaren 75mg one tab twice a day Qty 60 with 1 refill, as submitted, is not deemed medically necessary. The medical necessity of Voltaren 75mg one tab twice a day Qty 60 with 1 refill is not established for this patient.

Orthopedic follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guideline- TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Any presences of psychosocial factors were not specified in the records provided. There was no evidence that the diagnosis is uncertain or extremely complex. Physical examination revealed full range of motion of the bilateral shoulders. The patient has had MRI of the low back on 10/11/13 that was normal. Any evidence of weakness, numbness or tingling was not specified in the records provided. The response of the symptoms to a course of PT is not specified in the records provided. The medical necessity of the request for orthopedic follow up visit is not fully established in this patient.