

Case Number:	CM15-0004543		
Date Assigned:	01/15/2015	Date of Injury:	07/11/2013
Decision Date:	04/22/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 7/11/13. He has reported neck and back injury. The diagnoses have included cervical disc displacement, lumbar stenosis with herniation, and failure of prior decompression with recurrent disc herniation, bilateral lower extremity radiculopathy, and herniated nucleus pulposus with right upper extremity radiculopathy. Treatment to date has included medications, cervical Epidural Steroid Injection (ESI), and physical therapy. Surgery has included lumbar anterior/posterior decompression and fusion on 3/18/14. Currently, as per the physician progress note dated 11/4/14, the injured worker complains of constant neck pain rated 8/10 that radiates to the bilateral upper extremities, with associated numbness and tingling in the hands. He also complains of constant low back pain rated 5/10 with numbness and tingling to the left thigh. He is taking Norco for the pain. He also reports insomnia. The urine drug screen dated 12/23/14 was consistent with medications prescribed. The physical exam revealed he weighed 243 pounds. The cervical spine incision was clean, dry and intact. The motor strength in the upper extremities reveals weakness in the wrist extensor muscle bilaterally. There was a positive Spurling test bilaterally. The Treatment Plan included request for physical therapy, and the injured worker was provided with medications including Voltaren, Tylenol #4, and Ultram. Work status was totally temporary disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4 As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Osteoarthritis Page(s): 78, 83.

Decision rationale: MTUS recommends that the 4 As of opioid management be documented to support an indication for ongoing opioid treatment. These 4 As have not been met for Norco. However, it can be challenging to taper multiple opioids simultaneously. Additionally, MTUS recommends Tramadol as a weak opioid to be used at initiation of opioid treatment. In this situation, it would be appropriate per the guidelines to taper Norco but to continue Tramadol and reassess the 4 As of opioid management thereafter. Thus, this request is medically necessary.

Voltaren XR #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 23.

Decision rationale: MTUS recommends NSAIDs as first-line treatment for chronic musculoskeletal pain. An initial physician review recommended non-certification of Voltaren due to lack of documented functional improvement and given mild hypertension. However, MTUS supports ongoing NSAID use based on subjective benefit even without explicit objective functional benefit. Additionally while hypertension is a concern with NSAID use, the intent of

utilization review is not to direct care. For these reasons, this request is supported by the treatment guidelines. The request is medically necessary.