

Case Number:	CM15-0106196		
Date Assigned:	06/15/2015	Date of Injury:	09/06/2013
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male, who sustained an industrial injury on September 6, 2013. Treatments and diagnostics to date had included MRI of the lumbar spine, EMG/NCV of the lower extremities, physical therapy, chiropractic therapy, work modifications, epidural steroid injections and work modifications. Currently, the injured worker complains of pain down the right leg, which he describes as aching, burning, pins and needles, and numbness sensation down the entire right leg into the foot. He reports burning pain in the left buttocks and indicates the pain is constant. The injured worker rates his pain an 8 on a 10-point scale at worst and a 4 on a 10-point scale with medications. He reports that the pain is aggravated with standing, walking, lifting and driving and he continues to use Norco, Voltaren and Flexeril twice each day. An MRI of the lumbar spine dated January 9, 2014 revealed L5-S1 disc extrusion and degenerative disc disease and facet arthropathy of the lumbar spine. The EMG/NCV showed right L5 radiculopathy. On physical examination, the injured worker reports no tenderness to palpation over the lumbar spine and has a normal lumbar range of motion. He reports increased right leg pain with extension of the lumbar spine and has normal muscle strength of the bilateral lower extremities. A straight leg raise was negative bilaterally. The diagnoses associated with the request include lumbar disc herniation and lumbar radiculopathy. The treatment plan includes Norco, Voltaren, Flexeril and L4-S1 decompression laminectomy with microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG Guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic utilization of opioids can lead to the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records did not show documentation of guidelines mandated compliance of UDS, CURES data reports, absence of aberrant behavior and functional restoration. There is no documentation of failure of non-opioid anticonvulsant and antidepressant co-analgesics that are recommended for the treatment of neuropathic or radicular pain. The criteria for the use of Norco 10/325mg #90 was not met. Therefore, this request is not medically necessary.

Voltaren 75 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG Guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest duration. The records indicate that the patient is utilizing Voltaren for the treatment of exacerbation of musculoskeletal pain. There was no report of adverse medication effect. The criteria for the treatment with Voltaren 75mg #60 was met. Therefore, this request is medically necessary.

Flexeril 5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG Guidelines recommend that muscle relaxants can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient had utilized Flexeril for more than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Flexeril 5mg #60 was not met. Therefore, this request is not medically necessary.